SALISBURY. MARYLAND

STATE OF MARYLAND

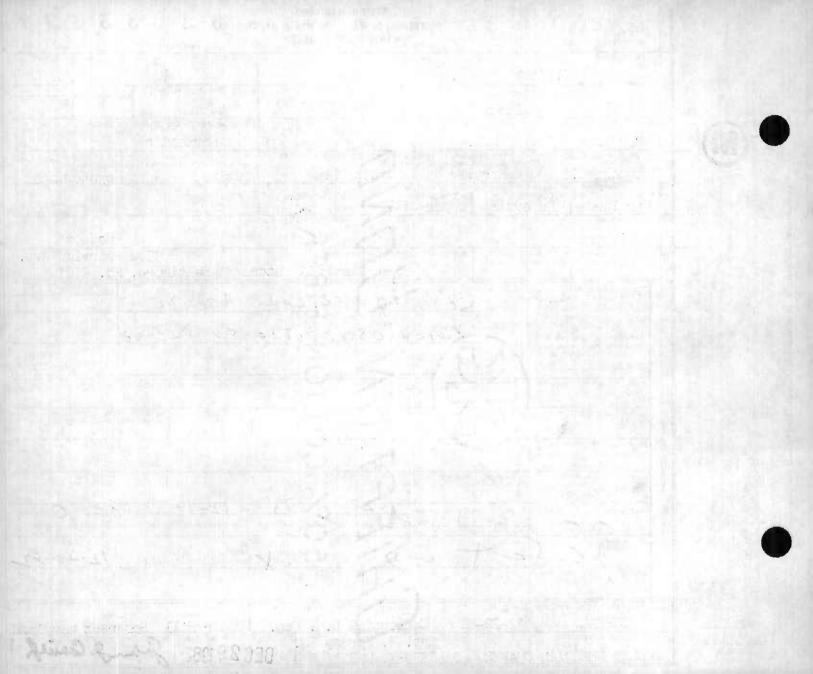
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

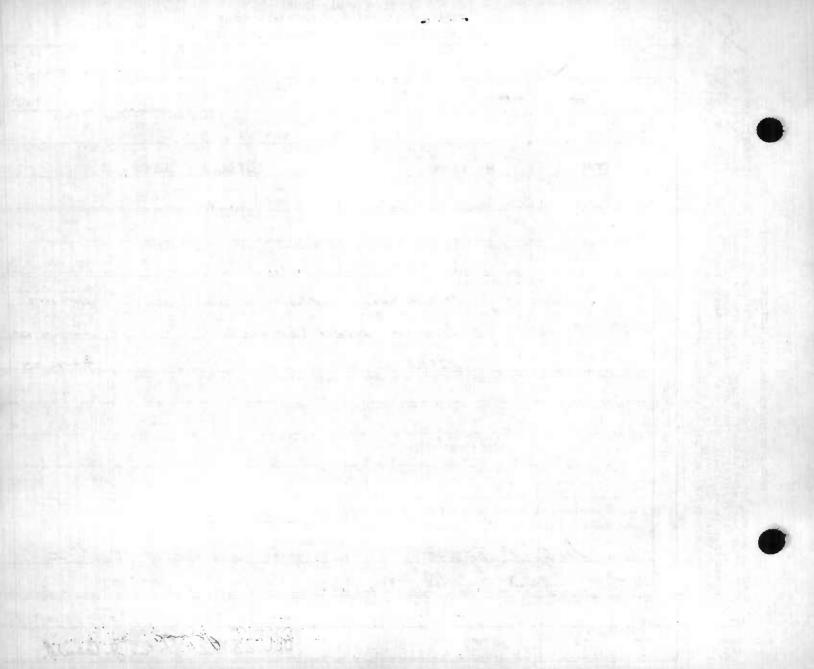
JOLLEY MEMORIAL CHAPEL



A		1.	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO		3 9 8
	be ath		CEASED NAME FIRST OR PRINT)		stells		1	Dec. 24, 1		252 A.M
	4 mg	3. SE	Female	RACE Black		S. DATE C	• 31°, 1916	6. AGE (IN YEARS LAST BIRY	HDAY) IF UNDE	ER LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
0	funeral thin 72 has		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF V		MARRIE	NEVER MARRIED	9. BALTIMORE CITY O		EATH
	oy the function of the functin of the function of the function of the function of the function		OCOMORE		OSPITAL, NUR FACILITY, GIVE STR	SING HOME C	Home	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF DOMEST	ON 126.	KIND OF BUSINESS OR DUSTRY
ND 212	24 havr	13a S	AL RESIDENCE (IF NURSING HOME OF THE Md.	ester	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS Rt1	Box 280	
MARYLAND	ompletely and 2 sh		THER'S NAME FIRST NOTVEL	Costen			15. MOTHER'S MAIDEN NA FIRST Marth	a Ballard		LAST
BALTIMORE,	Page - Page		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	Johnnie Ewe	ADDRE	x 280 P	OCOMOKE, Md.
201 W. PRESTON ST.,	equires that the death certificate to signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal. injury, or other traumatic event, the	NOI	Conditions, if any, which gave rise to immediate cause (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSECUTIVE AS A CONSECUTIVE DISTRIBUTING 1	DUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CONI		
AL RECO	The law re ician. Ite has been usit permit. Igiene prior shows ony is	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		E FINDINGS USED CAUSES OF DEATH? NO
OF VII	SICIAN: The long physician. certificate has unal-transit per ental Hygiene lem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.A	A, MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)
N	trending the but and W	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION SIREET	CITY OR TOW	/N / COI	UNTY STATE
	spital CTOR: far us of He		22a.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did p	n	0/17 19	, 01	nd that in (my) (our) opinian	death accurred on the do		, , , , , , , , , , , , , , , , , , , ,
	0 0 0 0 -		22h. SIGNATURE	EL	wit	20	ATTENDING PHYSICIAN	MEDICAL STAR	F	1 28/82
	TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I IMPORTANT: If		DAVID &	· Cou	ALL	MN	1300 S. I	Salisby	T, MD	2/80)
	BP	23a. E	URIAL, CREMATION, REMOVA Burial	236. DATE 12-30-			emetery or crematory n Neck	23d LOCATION CITY OR TOWN PO COMOIC 0		
DH	MH - 16 50M 7/77 (VR A 15 (4))	24. FI	THE WAR WARDS	ton	ACCO	mac, V	a. 23301 JAN	TE REC'D. BY REGISTRAN	sh. REGISTRAR'S	Coluct

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		FOR STATE		OF HEALTH AND MENTAL		3 3 3 7 7
5		REGISTRAR		INER'S CERTIFICATE	OF DEATH RE	G, NO.
	I, DEC	CEASED NAME FIRST OR ARINT)	WIDDLE	LAST	20. DATE KNOW OF ESTI-	
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGES 16W YOUR HIES. FOR FOR THE FUREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER FORTH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HIGHENE, DIVISION OF WITAL RECORDS 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		James	Preston	Layfield	DEATH MATE	D LEC. 21 1982 27 M
1 5 E	3. SEX	4. RACE 5. I	DATE OF BIRTH 6. AGE (I		R 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
NO.	Mi		4/11/1910 72	YRS. HOURS		Dec. 21 1982 3PM
26	7o. BI	RTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MAR	- 9 BALTIMORE C	ITY OR COUNTY OF DEATH
20	C	alisbury, Mdl	USA	WIDOWED DIVOR	=	ster
40	10. CT		NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 126. KIND OF BUSINESS
00	(tockton	at home	55)	GROUNDS SU	ber. Government
57	USUA	L RESIDENCE (IF IN NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADA	AISSION)		DCI . GOVETTIMETTE
25	130.5	lary and Worce	HER INSTITUTION, GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOW STOCKT	N 13d. INSIDE CITY LIMITS? YES □ NO □	P.O. BOX	#35
	14. FA	THER'S NAME		IS. MOTHER'S MAIL	DEN NAME	
30		lames Thomas	Layfield	Lillie	Mae	Pusey
-	160. W	AS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMANT	MI FO ADE	PRESS
5		S, NO, OR UNKNOWN) (IF YES, GIVE WAR		9643 Mrs. A.	wife) ADD Marie Lavf	ield same as #13
			ne cause per line far (a), (b), and (c).	2012 1111 01 111	Marie Layr	1eld same as #13
1	100	PART I DEATH WAS CAUSED BY	fr Add.			BETWEEN ONSET AND DEATH
NA N	100	4100 IMMEDIATE C	AUSE (a) MYO CAR)			IMMEDIATE
EMC		Canditians, if any, which				C
S S S	-	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUEN		95 <u>E</u>	SEVERAL YRS.
ż		lying cause last.	-	LE OF		S
9		PART 2 OTHER CIGNISICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL OVERACE OR CONDITION OFFICE IN		TWERAL YRS
E S	z	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONT	INTEGRATED TO GENTLE BUT NOT KEENIEU TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN P	'ARI 1 (0).	
S _	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20. AUTOPSY?
SIAL	FIC		The condition of which o	Eliminos Tradicio di Mes.		
	E	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121r HOW INJURY OCCUPE	RED LENTER NATURE OF INJURY IN IT	YES NO
57	N C	UNDERLYING OR	HOUR A.M. MONTH DAY Y	EAR	TEN TELLINGSON OF HOUSE LIGHT	PULLA COLL AN CORT &
S O	MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M. 19 21e PLACE OF INJURY (AT HOM			
5	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
7 7		AT WORK AT WORK				
è.	1	220. I certify that I taak charge of	the remains described above, held o	n Autopsy , Inspecti	ion X, Inquiry X,	and in my apinian
Σ¥		death resulted fram: Natural c	auses , Accident ,	Suicide , Hamicide .	Undetermined manner	
\$ \$		ACTUAL 1	1 1/1	TITLE (SPECIFY)		
, S, T		SIGNATURE ANTHON	" Holy worth	M.D. Deputy	MEDICAL EXAMINER	DATE 12/22/82
NOR A		EXAMINER'S NAME DOROT	11 - 1 - 1 - 1	-I- M TI O		a court are al
ET S		(TYPE OR PRINT) DOPOT	thy C. Holzwort	In MADDRESS ST	now Hill, Ma	aryland
& A	230.BL	IRIAL, CREMATION, REMOVAL 236.	DATE 23t. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	-	irial 1	2/23/82 Wicon		Salishury	Wic., Maryland
7	24 Ft	NAME.	ADDRESS	250. DATE		REGISTRAR'S SIGNATURE
5)}	H	olloway Funera	l Home, Salish	ury Md. DEC	231982	and lakely
/80						



BP______ DHMH - 16 50M 4/ (VRA 15, 4)

				STATE OF MARYLAND	4%	from the same
413	1.	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE 8 2	3 3 4 0 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST EOR PRINT) HETTIE	TURNER	MASSEY	26. DATE OF DEATH MONTH	11 82 0546 A
	3. SE.	EMALE	4. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
35	Ma. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY YLAND)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
80	5	ALISBURY	11. NAME OF HOSPITAL, NURSIN PEN INSUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION UPPEOF WORK FOR MOST OF WORK HOUSEWIF	12b. KIND OF BUSINESS OR
35	USU. 136.	AL RESIDENCE (# MURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS -R	T. 1, BOX 307-00 CITYMD 21842
30	14. FA	ATHER'S NAME)ESSIE M	MIDDLE TURNE	R IS MOTHET STANDEN NA		TOWNSEND
medicol		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	1 4	RITY NO. 17. INFORMANT 5031 KATHERINE	BOUNDS	REPLIN MI
injory, or officer froomoric even	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NATED OVACIO		
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
S C C C C C C C C C C C C C C C C C C C		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR AM. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART ?}
rked or	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F)	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z I is mo		220. I certify that (1) (this hasping sow the deceased alive above (1) we) (did) (did no	tol) attended the deceased from 19	and that in (aur) opinion of	death occurred an the date an	, 19_82_, that (We) last ad haur and from the causes stated
E		27b SIGNATURE	SWA MD.		MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/82
MPORTAL		PAUL A	SCOTT, MD	220. ADDRESS 24 BROOD	ST. BERLI	N, MD 2104
	(7	BURDL, CREMATION, REMOVAL	12/14/82 EN	NAME OF CEMETERY OR CREMATORY	BERLINA BERLINA	WORGSTER STATE M
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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEAT

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LAST

5. DATE OF BIRTH MONTH

WIDOWED

HOUSE

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MYDCARDIAL

DEPARTMENT OF HEALTH AND MENT

DAY

13d. INSIDE CITY LIA YES W 15. MOTHER'S MAIL

17. INFORMANT

FAILURE

21c. HOW INJURY

21f. LOCATION

ARREST

DIVORC

AL HYG	IENE 8	2	3	3	4	0	
H		REG. N	10.				
	20. DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOL	
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opinion o	deoth occurr	ed an the c	lote and ha	ur ond f	rom the	causes st	ated

ond that in (my) (am) DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

23d. LOCATION

22e. ADDRESS

23c, NAME OF CEMETERY OF CREMATOR

PHYSICIAN 309 Timmons Si

ATTENDING

SNOW HILL MD. 21863

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

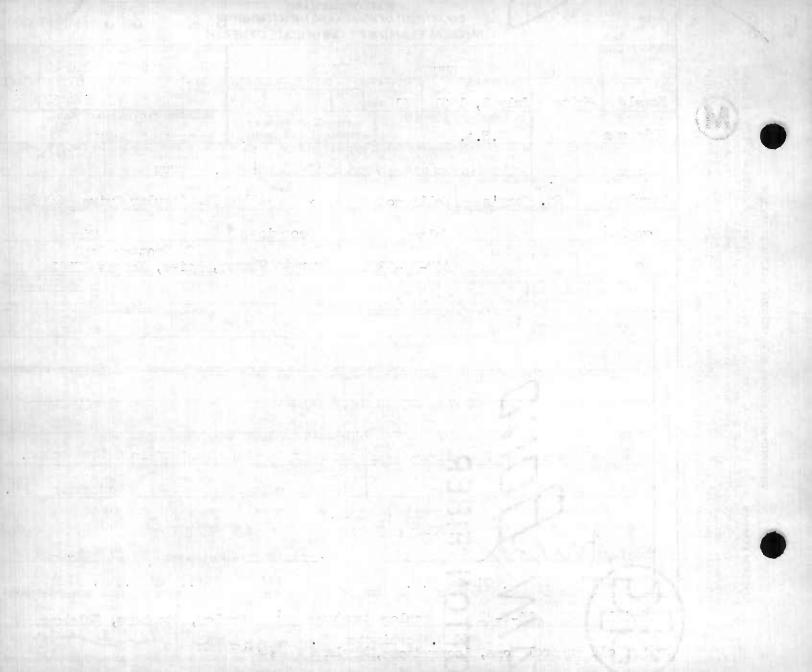
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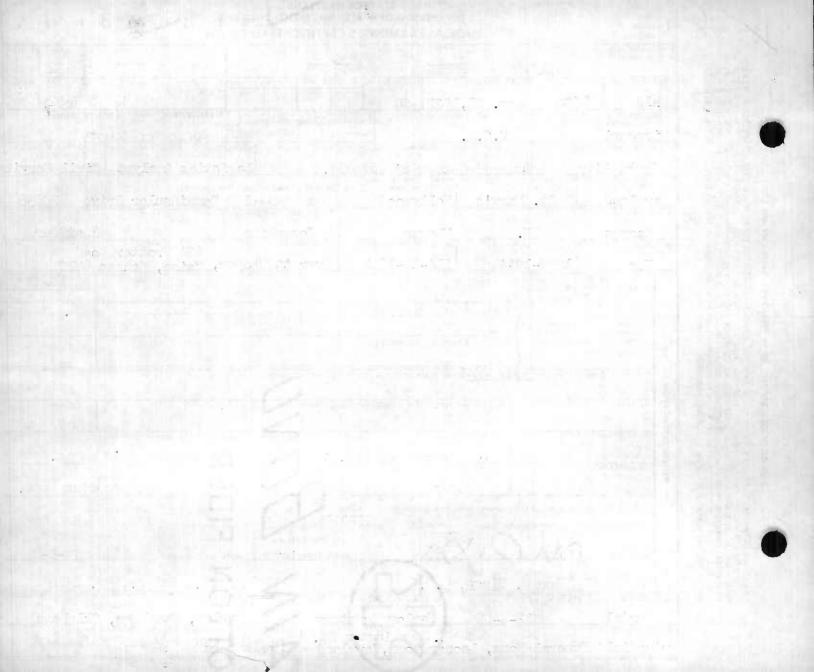
		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 0
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			YPE OR PRINT)	
	EASE TOR. FILES. OURS TREET,	2.05	Winston E. Stantord DEATH MATED X 12/12 EX 14 PACE 15 DATE OF BIRTH 14 ACE INVERSI IF HINDER 14 B 15 12 DATE MONTH DAY	19 82 6AM
	STATE	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS AND PRONOUNCED	YEAR 24. HOUR
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		70. B	BIRTHPLACE (STATE OR TO COUNTRY? 1. MARRIED NEVER MARRIED	DEATH
	WE EE	1/	Maruland USA WIDOWED DIVORCED Worcester	MD.
	SHE SHE	10. C		ND OF BUSINESS
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	TAIN TOE	USU	JAL RESIDENCE (IF IN NUMBERS HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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	4. F	14. F.	FATHER'S NAME . IS. MOTHER'S MAIDEN NAME	
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IW	E m . m.O	0	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	11/1/11/
NA.	HIN 24 HOURS AFT IN ITEM 18. GIVE STATEMENT PAGE HYGIENE, DIVISIONAL	-	Yes 1960 215382449 Noanne B. Mariner, Snow	PPROXIMATE INTERVAL
ST., I	ERMIT.		BART I DEATH WAS CAUSED BY	WEEN ONSET AND DEATH
	24 HO ITEM 1 LONG PERMIT		3030 IMMEDIATE CAUSE (0) Cardio - Pulmonary Arrest	
PRESTON	L IN I	100	Conditions, if any, which	
8	EHEZHO		gave rise to immediate (b) 113011011	
. ≥	ED WENC		cause (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
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OF VII	MEN BELL	CERT	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
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NOINI	CERT TING DED 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	~==.
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			22a. I certify that I taak charge of the remains described above, held on Autopsy . Inspection Inquiry . Inquiry . ond in my apinion	
-	ME BET		death resulted fram: Natural couses Accident Suicide Hamicide Undetermined manner	
	XHDE36		ACTUAL TITLE (SPECIFY)	Lalan
	SHO SHO SHO ATH E. A		SIGNATURE MEDICAL EXAMINER SIGNED	710482
	ED AN ON		EXAMINER'S NAME TIMOTHY E. BAINLIM M.D. 11554. + Phila. Ave. Ocean	C:1. M1
	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA		(TYPE OR PRINT) 171101747 L. DAINUM M.D. ADDRESS 16-37. 77 ATTA. THE. CELL	47,114.
		23a.B	BURIAL, CREMATION, REMOVAL 230. DATE 234, NAME OF CEMETERY OF CREMATORY 234, LOCATION CITY OF TOWN	STAJE
	BP	24.5	FUNERAL DIRECTOR 13-16-8 - WNATCOST METH- Show HILL, MOTHER	nel .
	DHMH - 17 (VR A15 ME (5))	14.1	ANDRES	URE
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SPE	TREET,	3. SEX		RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	IF UND	ER I YR.	IF UNDER	24 HRS.	2c. DATE		MC	HTM	DAY	YEAR	12:30
K, P	SH	Fe	emale	White	July 1,	1931	51 YRS	MONTHS	DAYS	HOURS	MIN.	PRONOU! DEAD			12	3 1	, 82	12:30
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DELAY IS TO THE F	A E S		Ocean C	ity	Atlantic	ACIEIT, OTTE S	TREET ADDRESS)	on 6	2nd 8	8 63r		NOST OF WO	urse			OR II	NDUSTR	Υ
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BALTIMORE, MD. S AFTER DEATH. IF	PAGES JAN	(YE	S, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)	1.1.2	-32-535	2	Ever	ett T	have						101	
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DIVISION OF VITAL RECORDS, S. GERTIFICATE SHOULD BE EXEC RITING THE WORD, "PENDING"	NO WOO	CERTIFICATION	210. EXTERNA		21b. TIME O		DAY YEAR	2Tc. HOV	W INJURY	OCCURRE	D (ENTER)	NATURE OF IN	JURY IN ITEM	IS PART I	OR PART	2)		
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53	TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST. BALTIMORE, MARYIAND, 2	23a.Bl	JRIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. 1	NAME OF CEME			ORY	23d, LC	CATION			COUNT	v	STA	15
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1	Missouri		U.S.A.		WIDOWED			Vorcest			MD.
110	CITY OR TOWN C	OF DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOME	, OR OTHER	INSTITUTION	12a. USUAL O FOR MOST O	CCUPATION (TYPE OF WORK	OR IND	USTRY
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34	. FATHER'S NAME		MIDDLE	LAST	15.	. MOTHER'S MAIDI	EN NAME	MIDDLE		LAST	
1	George		W.	Thayer		Josephi				Shaif	fer
16	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY	(NO. 17.	INFORMANT		636 Tro	SSton	Road	
	Yes	1950-	1954	514-28-168	31 I	Everett T	hayer.	Maize.	Kansa	s 6710	1
>	18 CAUSE OF	DEATH (Enter anl	y ane cause per line	far (a), (b), and (c).)						APPROX	MATE INTERVAL
2	PARTIDEA	TH WAS CAUSED	BY: E C AUSE (a)	Drowning						- DETAILED	NASEL WILD DE WILL
	8414	9		AS A CONSEQUENCE O	OF		445				
		, if any, which	(b)								
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Н	lying cous	e last.	(e)								
	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO BEATN 8	UT NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN IN PA	IRT 1 (a).				
18	5										
	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	PERFORMED?				20. AUTO	PSY?
	Ĭ			JEN AM						YES X	O NO O
1	210. EXTERNAL 21		21b. TIME OF	MONTH DAY YEAR		INJURY OCCURRE	D JENTER NATURE	OF INJURY IN ITEM	18 PART I OR PA	ART 2)	
1	UNDERLYING CONTRIBUTIN	□XOR G□ CAUSE OF D	DEATH ? P.M.	12-2- 182		t of plan	ne that	crashe	d into	water	
	21d. INJURY O	CCURRED	21e. PLACE O		21f. LOCAT	TION					
1	WHILE AT WORK	NOT WHILE		ory, FARM, ETC.]		ntic Ocea		OR TOWN		ester	Md.
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1				ribed abave, held an Accident X . Sui				quiry [_],	and in my a	pinion	
	death resulted	A Natur	al causes ,	Accident LAI, Sui	cide .	Hamicide	Undetermine	ea manner	1,		
	ACTUAL	MA	(AX	2		TITLE (SPECIFY)	+		DATE	10	-3-82
7	SIGNATURE_	MIN	1	1	M.D.	Assistar	LL_MEDICAL I	EXAMINER	SIGN	ED	J-02
4	EXAMINER'S N		M. Dixon.	MD		DBESS 111	Penn St	t Bal	to N	1d 213	201
22	O. BURIAL, CREMAT			171, D.					, .	212	
13	(SPECIFY)						23d. LOCATION TO THE COLUMN TO		COU		STATE
74	Burial		12-8-82	Marlow (25m DATE	REC'D. BY REGI	W. Ster		UKLAN	smo
	NAME		Home To	N. Washin onardtown, N	gten S	t	0		lun	2. Can	ul
E	THOTTETO	runeral	nome, Le	Onaru town N	атутаг	IU I DE	5 10	OL 1	-0		



STATE OF MARYLAND UNK.#82-142 82 33405 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 19 82 Jere Cessna 24 HOUR 5:00 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE VEAR LAST BIRTHDAYL PRONOUNCED Male White B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIS WITH FORM PM 3. RETAIN PAGE 5 FOR YOU T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 DIVISION OF VITAL RECORDS, 201 W. PRESTON May 24.1937 45 DEAD 19 82 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland DIVORCED & Anne Arundel County. IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Davidsonville George Barber Road Unknown Unknown 13a STATE Anne Arundel 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Zip Code - 21140 Maryland Riva **Hnknown** YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Fred Weaverling Cessna Catherine Jeanette ADDRESS 8906 Windsor Hill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATEST Rev. Wm. K. Ferguson Ave. Lanham, Md. 20706 178-28-8799 Yes Peacetime 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY UNDETERMINED DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES | NO XX 21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted for Natural causes Hamicide Undetermined monner M.D. Assistant MEDICAL EXAMINER DATE 1-26-83 EXAMINER'S NAME Penn Street Dennis F. Smyth. M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation Feb. 25, 1983 Ft. Lincoln Crematory Brentwood BP. P.G. Maryland 24. FUNERAL DIRECTOR 251 REBISTRAR'S SIGN **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 20M 4/B2

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There was no manager by the transfer manager and

office of the country of the country

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or otherding physician.

within 24 hours ofter death. Page 4 may be

STAT DEPARTMENT OF I

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

82-33406

	- ST	ATE GISTRAR		CERTIFIC	ATE OF DEATH	REG.	NO.		
1	I. DECEAS	SED NAME FIRST	MIDDLE	SC 1	FCIA	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	3. SEX	Busi	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEAR	DIE UNDER 24 HRS
	4	emale	white	MONTH	11 8 J		YRS.	MONTHS DAYS	HOURS MIN.
	70. BIRTH		76 CITIZEN OF WHAT COUNT		NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	Y OF DEATH	
1	10 CITY C	OR TOWN OF DEATH	1). NAME OF HOSPITAL, NU	WIDOWED		PODE F	trong	181	MD.
	ANA	JAPOLIS	A UNE ARUNDE	REET ADDRESS)	va Hoga ta	(TYPE OF WORK FOR MOS		INDUSTRY	A BUSINESS OR
1	13a. STAT) A	TY 134 STY OR T	rapous	d. INSIDE CITY LIMITS?	130 STREET ADDRESS	udal	5-3	2401
1	14 FATHE	JOHN JOHN	MIDDLE BENN	ETT	MOTHER'S MAIDEN NA	ME BOLE		Scios	ciA
		DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL S	A N	INFORMANT SCI	ADD 23	Ress	of St. C	Innaa MD
	18	PART I. DEATH WAS CAUSE		10 PULL	1. FAILUR	رو	TRUANS	1000000	MATE INTERVAL ONSET AND DEATH
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	co Go	anditions, if ony, which have rise to immediate use (a), stating the derlying cause last.	(b) DUE TO, OR AS A CONSE	JULIOF	E CON	GENITA	1,ANO	MHIES	
	PAF		(c) CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	VEN IN PART I	D.
	CERTIFICATION 130	DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION V	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []	
2	0.0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	It. HOW INJURY OCCUR				
	We 21d.	INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	2	If. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22 a.	I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did)	tol) ottended the deceased from		hot in (my) (our) opinion	deoth occurred on the			that (I) (we) last couses stated
	224	SIGNATURE	While	mo		MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	12/82
	22d.	PHYSICIAN'S NAME (TYPE O	R PRINT)	2	Seve	eure Par	KM	D	
	CAPA	AL, CREMATION, REMOVAL	236. DATE 2-21-83	West Use	ETERY OR CREMATORY	BALTIM	oce	COUNTY /	70 STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24. FUNERAL DIRECTOR

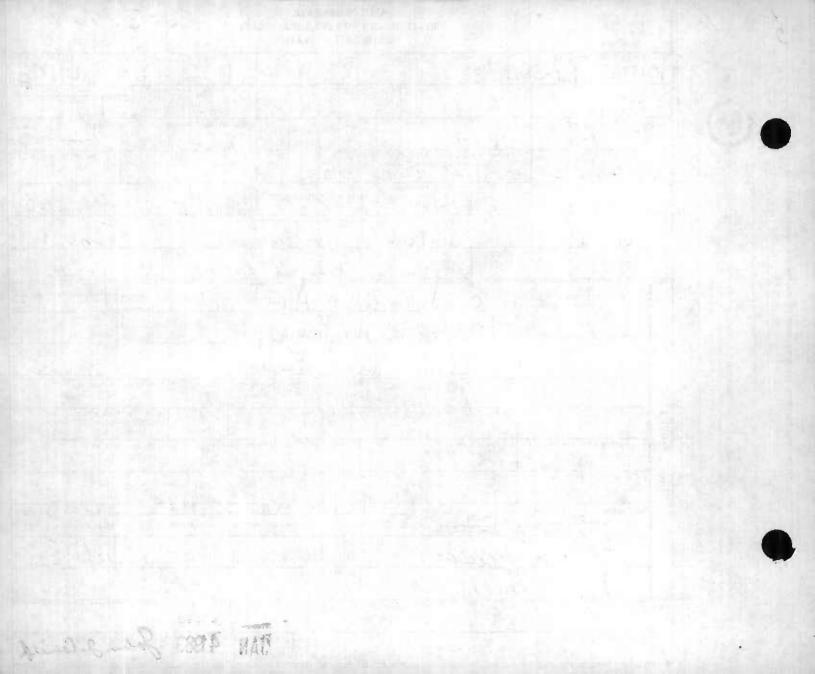
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

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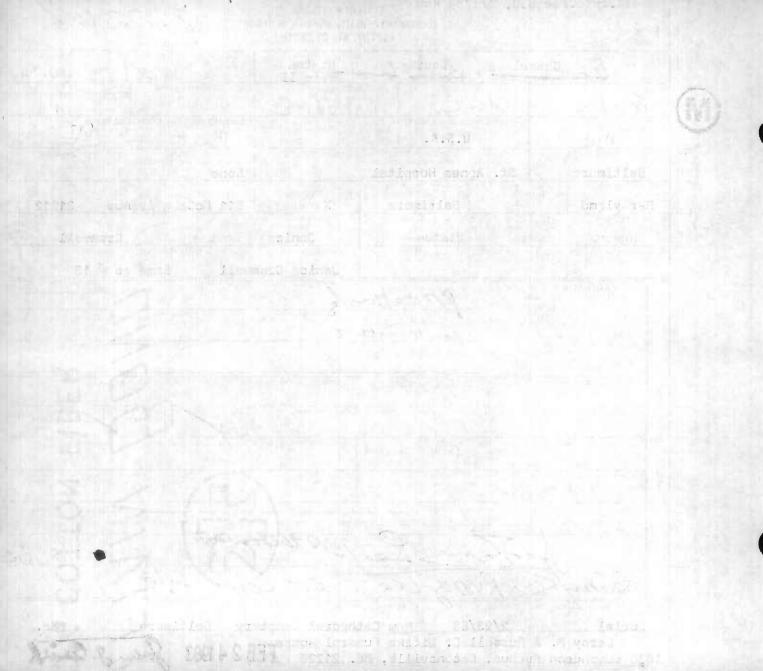
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

District D. L. A. Desenberry P. We. . . The iv. . . .

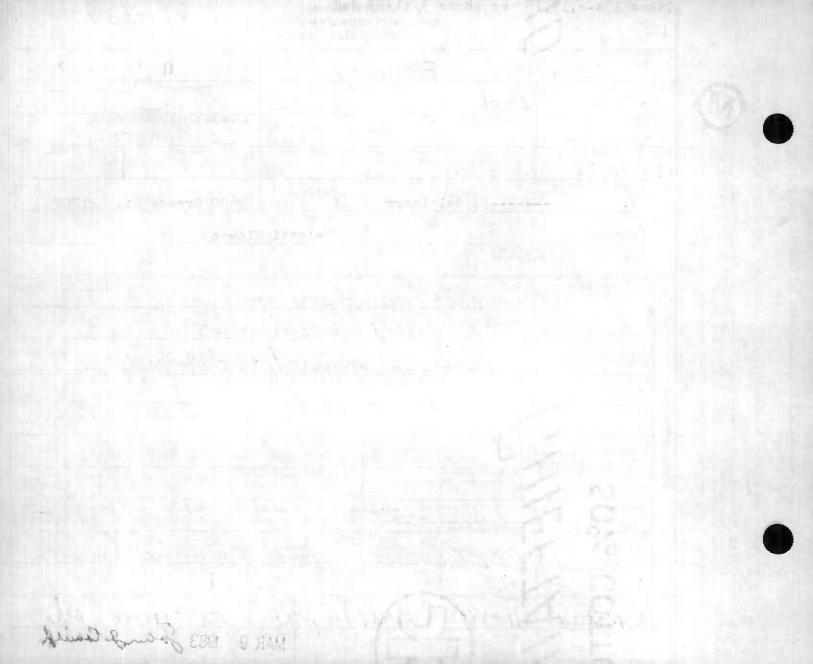


STATE OF MARYLAND

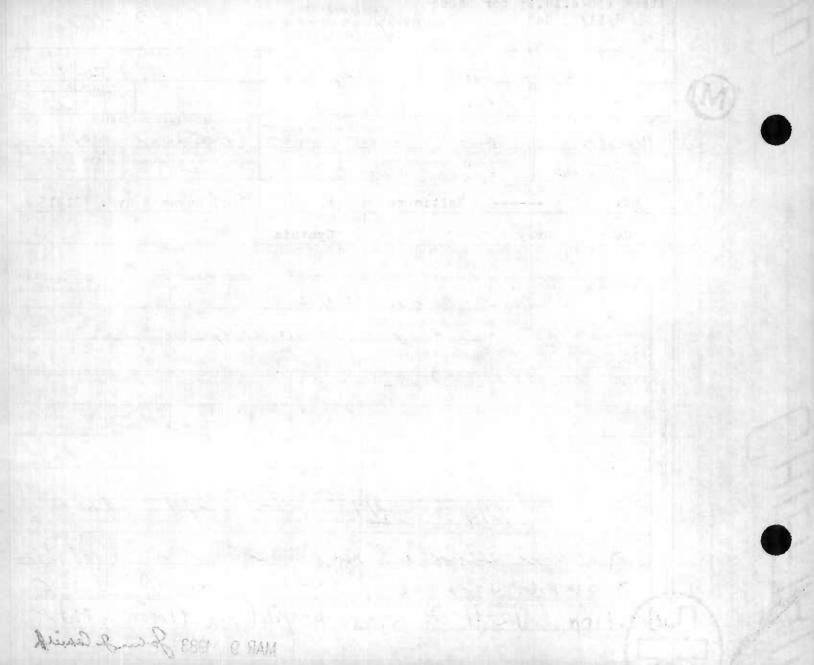
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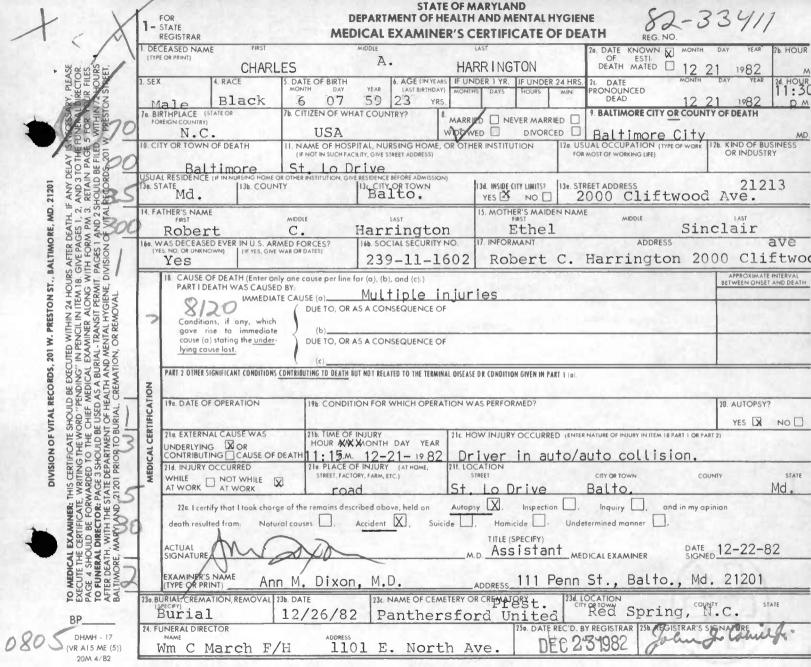


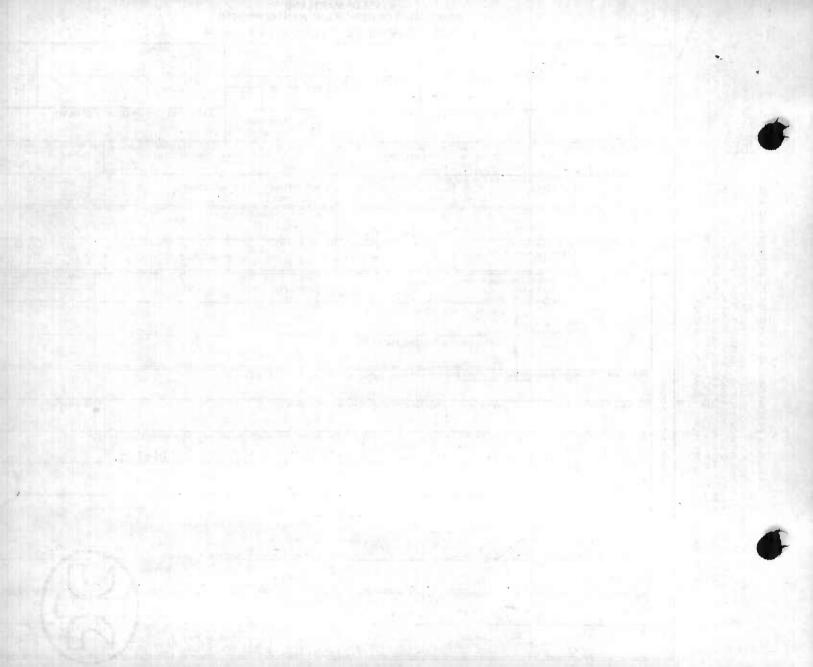
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6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		CEASED NAME FIRST Baby	Girl	Flouri	10 y	20. DATE OF DEATH MONTH	6 82 8,00 PM
4 m	3. SE	emale	Black	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
deoth. Po	10/81	RTHPLACE (STATE OR FOREIGN BULLINGS)	76. CITIZEN OF WHAT C	COUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED A	Baltimore CITY OR COUNT	
offer of with a	-	olt more	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR INDUSTRY
Hin 24 hour hin 24 hour ly filled in I should be f	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	13c. CIT	DENCE BEFORE ADMISSION) IYOR TOWN Iltimore	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5600 Greene (Ct. 21207
red within 24 hours ompletely filled in by ond 2 should be fill for the filled in by the fill for the fill fo	14. FA	THER'S NAME. FIRST Unknown	WIDDLE	LAST	15. MOTHER'S MAIDEN NA Beletti	WIDDLE	LAST
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es that the death certificate by the ottending phapleose remove corbon pricel, cremotion, or removing, or other froumatic even		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A C	diopuln consequence of gon tal sonseouence of genital	arthrogry immobili	mest posis ty of unknown &	7
L RECORDS, on requir no been sig permit. Then me prior to b ww.sony injury	CERTIFICATION	19a, DATE OF OPERATION	William N. S.	OR WHICH OPERATIO		200 AUTOPSY? 1 20b. IF YE ONSWER PORTUNIN CERT	
DN OF VITAL IYSICIAN: The ding physicion is certificate h burial-transit if Mental Hygies or frem 18 show	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
DIVISION DING PHYS or ottendin After this or se as the bundle of the and Me morked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol or TOR: A for use of Heal		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	11/16	19.82	nd that in (my) (our) opinion	deoth occurred on the date and ha	that (I) (we) lost our and from the causes stated
DOR DOR		226. SIGNATURE RACOUS	taxx		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/16/82
HOSPI ined b FUNE buld be thinke S		R, A, COU	SINS, r	N.D.	Sinai Ho	spital	
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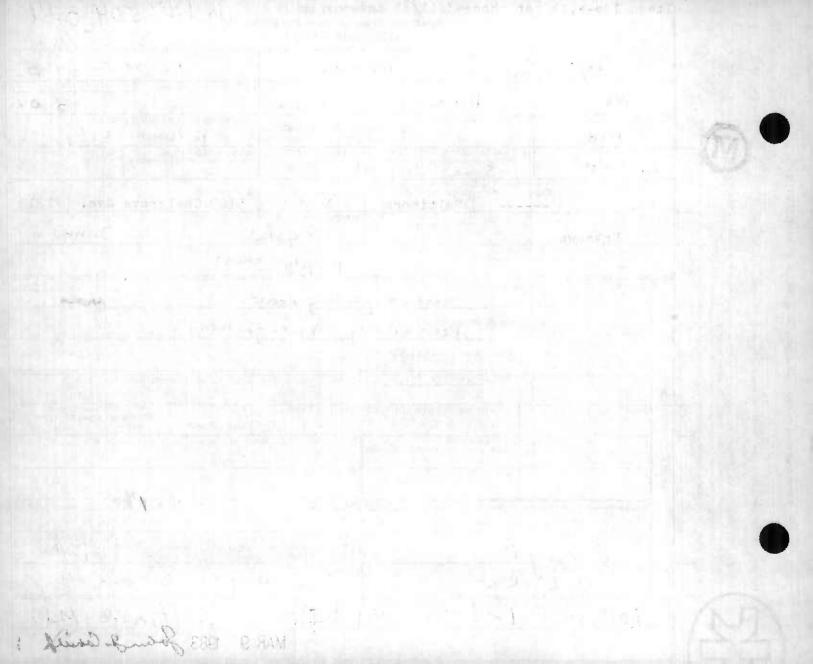
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ARRED NOVER AR		3. SE					6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
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IE. WAS DECEASED EVER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 17. INFORMANT 18 VES. GIVE WAS DECEASED EVER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 17. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 17. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 17. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 17. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18 VES. GIVE WAS DECEASED VER IN U.S. ARMED FORCES? 184. SOCIAL SECURITY NO. 18. INFORMANT 18. INFO	offer of the	7	Bellemine /	(IF NOT IN SUCH FACILITY GIVE:	STREET ADDRESS)	octaP		
Second Description Second	filled in hould be		STATE 113b. COL	UNITY 13c CITY OR	TOWN	YES NO	3623 Hayward	Ave. 21215
Second Description of the control	d within	14. F	FIRST					LAST
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22e. I certify that (I) (this haspital) attended the deceased fram 19	in law requi	IIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	INCERT	IFYING CAUSES OF DEATH?
220. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated as the first of the fir	Ctan: The physicion of		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH		SIC HOW INJURY OCCUR		
Saw the deceased alive an	o A Piers	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY			CITY OR TOWN	COUNTY STAT
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128 BP 236. BURILL, CREMATION, REMOVAL 236. DATE 11-82 236. NAME OF CEMETERY OF CREMATORY. 1236. LOCATION STATE STATE STATE AND STATE	A H H H H H		22d. PHYS CIAN'S NAME (TYPE	-10-1	120	1.00	Want.	P & Ralt
24 FUNERAL DIRECTOR V250. DATE REC'D. BY REGISTRAR'S FIGH QURE	200	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF C	11 1	23d. LOCATION CITY OR TO WAY	DEOUNTY M STAT
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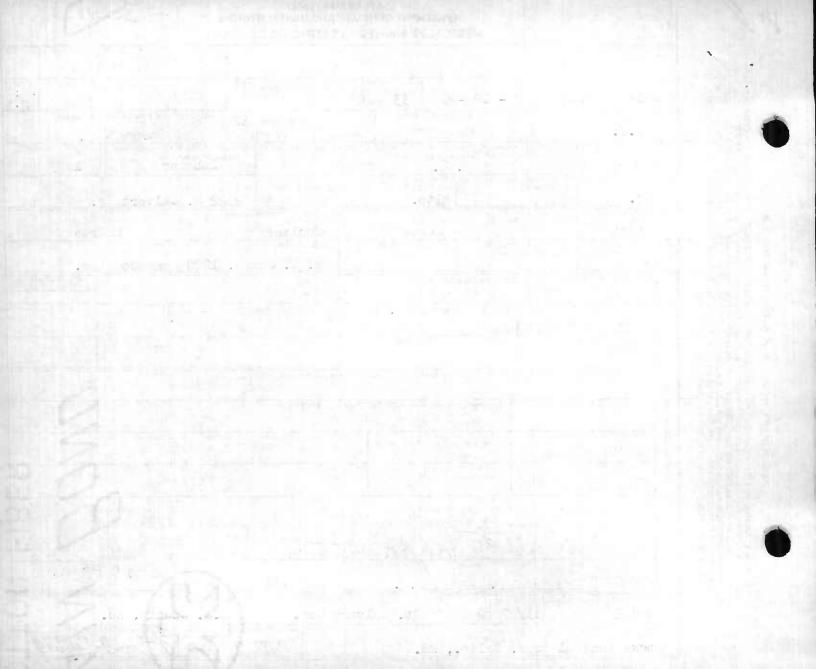




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		Baltmore	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUMMER HOSPITA					PATION 126. KIND OF BUSINESS O INDUSTRY	
in 24 hour ly filled in 1 should be f		AL RESIDENCE HE NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION	13c. CITY OR TOW Baltim		136. INSIDE CITY LIMITS?		lgrove Ave	2121
ed within 24 hours mpletely filled in board 2 should be fill examine must be no	14. F.	ATHER'S NAME FIRST Unknown	WIDDLE	LAST		15. MOTHER'S MAIDEN N.	MIDDLE		hnson
cate be execut cate be execut ysician and co opers. Pages 1 wal.		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b. SOCIAL SECU	JRITY NO.	HOSpital	chart	SS	
equires that the death certificate in signed by the attending physic. Then please remove carbon goper to buriol, cremation, or removal. injury, or other troumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	PREMO	ENCE OF		ges tation	DITION GIVEN IN PAR	Tho
low r	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (
DING PHYSKIAN: The or otherding physicion After this certificate he os the build-transit pills and Mental Hygier marked or tem 18 show marked or tem 18 show	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR ETIMER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A ER) P 21e. PLACE (AT HOME, S)	.M. MONTH D .M. OF INJURY IREET, FACTORY, OFFICE.	19 FARM, ETC)	211. LOCATION STREET	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2) STATE
by the hospitol by the hospitol ERAL DIRECTOR: e detached for us State Dept. of He ANT: if item 21 is		22a.) certify that (I) (this has sow the deceased alive a above, (I)) well did) did in 22b. SIGNATURE	pkin			nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1224. ADDRESS	, 10	22c. D	the couses stoted ATE SIGNED
TO HOSPITAL retained by 1 TO FUNERAL should be defi with the Store	730		PKIN	1 12 231	NAMEROF (Hospital,	Baltimore,	md.
7/7BP	4	UNERAL DIRECTOR	11-	6-83	SINO	1 HOSPITAL	CITY OR OWN	TIMOVE DE REGISTRANS SICH	MOTATE
DHMH - 16 50M 4/82		NAME		ADDRESS		MA	R 9 1983	mand l	shiely



STATE OF MARYLAND 2=33413 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME KNOWN XX WONTH YEAR 7b. HOUR 20. DATE LTYPE OR PRINTI OF ESTI-DEATH MATED 2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS
1. RECORDS, 221 W. PRESTON STREET, Ernest 1919 82 Lee Jones & AGE IN YEARS IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black 19 -49 33 DEAD 9 19 82 D. M To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXIX FOREIGN COUNTRY) USA Baltimore City. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Laborer OR INDUSTRY 21st Street 1203 Baltimore 700 blk. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PRESTON ST., BALTIMORE, MD. 21201 13c. CITY OR TOWN 13e STREET ADDRESS 13h COUNTY 13d. INSIDE PITY LIMITS? Md. Balto. 2322 N. Calvert St. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE LAST MIDDLE Albert Pauline McCrae Jones 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS - TRANSIT PERMIT. PAGES 1 ENTAL HYGIENE, DIVISION OR REMOVAL. Wm. T. Jones, 1200 Homewood Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Intravenous Narcotism MAMEDIATE CAUSE (a). (unpended 2-3-83) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES XX NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PRIO 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED III. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY AGE 4 SHOULD BE FORWAR O FUNERAL DIRECTOR: PAGE FIER DEATH. WITH X 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection death resulted from A Natural causes XX Homicide L Undetermined manner TITLE (SPECIEY) Certifi issued) cate (2nd EXAMINER'S NAME Dennis F. Smyth. M Penn Street TYPE OR PRINT) ADDRESS AFT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE Burial 11/27/82 Mt. Calvary Cem. County, Md. 24. FUNERAL DIRECTOR Locks Funeral Home, Balto., Md.



V.	er.	_	FOR STATE REGISTRAR		ARTMENT OF I	EOF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE S	2-334	114		
	1. DECEASED			Babyboy hipscomb				20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 23/4 M			
ge 4 m		3. SE	hale	black	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR)	MONTHS DAYS	HOURS MIN.		
er deoth. Par he funeral dirr within 72 hou	35		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O	ore City.	MD.		
the f	notified	,	Bultimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES SINOL		or other institution λ	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST O		OF BUSINESS OR		
Pour Pour Pe	must be	13a. Ş	RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDENCE ITY 13 CITY OR Balt	DEFORE ADMISSION) TOWN TMORE	136. INSIDE CITY LIMITS?		ttenton Pl.	21211		
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BALTIMORE, ate be execut ysicion and co	medical		AS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL:	SECURITY NO.	17. INFORMANT	ADDRE	ss			
res that the death certific med by the attending phy please remove carbon pourial, cremotion, or remo y, or other traumotic even	NO	18. CAUSE OF DEATH (Enter only one couse per line for (0), (b), ond (ct.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CESCATION OF NEAT DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
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O O O	21 is		27e.1 certify that (I) (this hospital) attended the deceased from								
0 0 0 0	ote Dept. IT: If Item		22h SIGNATURE .	Alivers		ATTENDING PHYSICIAN	MEDICAL STAI		SIGNED		
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DHMH - 16 50A	A 4/82	24. Ft	INERAL DIRECTOR	ADDR	RESS	25a. C	MAR 9 1983	251 BEGISTRAR'S SYCH	Shelf		

Items 13a-e, 14 per phone 3/11/83 STATE OF MARYLAND

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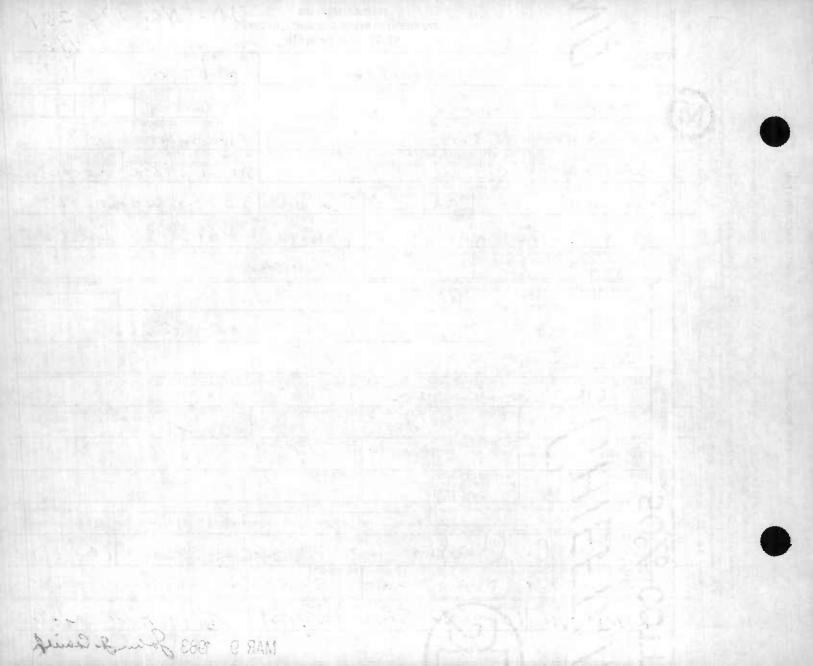
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	•			EASED NAME	FIRST		WIDDLE		[AST		20	B. DATE OF DEATH		AY YEAR	26. HOUR
e Pe	page 3			OR PRINT)	Baby	BOY (ESTEL	LE)	CONEY	(E		11/30/82			7:30A _M
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- P	oers.	T Te		18. CAUSE OF DI	FATH (Enter o	nly one couse	per line for (p)	. (b), and (c).)						APPROXI	IMATE INTERVAL ONSET AND DEATH
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YSIC		or nem	MEDICAL	(IF EITHER, NOTIFY			P.M. CE OF INJURY		19 214 10	OCATION	<u>u</u>				
PH	the bond /	0 0	ME		T WHILE	(AT HOME	STREET, FACTORY	OFFICE, FARM, E	c)	STREET		CITY OR T	OWN	COUNTY	STATE
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Te pe	5 dg 3	3	23a. B	URIAL, CREMATK	ON, REMOVA	L 23b. DATE		23c. NAME	OF CEMETER	RY OR CREMA		23d. LOCATION			
BP				SPECIFY) CREMATI	ON	111/	30/82	TOHN	C HOT	WINC	HOCE	CITY OR TOWN		COUNTY	STATE
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	RA 15, 4)	D.Z		NAME			AE	DDRESS			MAR	8 1983	John	علما مكل	week!

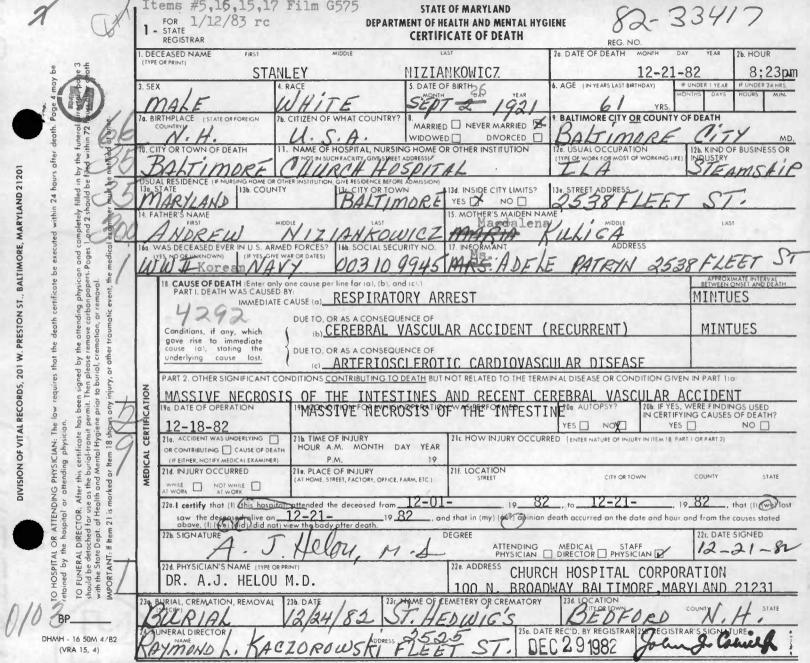
Eng. Jackston

BABY TWIN A BORN AT HOME FLUSHED DOWN TOILET, SEX UNKNOWN, TWIN B BORN 6:59AM EMER ROOM JHH. EXP. 7:30AM MOTHER ADM. AND DISCHARGED 12/3/82



	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE UKITNO, REG. NO. 80	274251
noy be poge 3		CEASED NAME FIRST OR PRINT)	MIDDLE MA	WIGAUT.	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
age 4 may	3. SE	FEMACE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR LO C	6. AGE (IN YEARS LAST BIRTHDAY) 3 KW. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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LTIMORE, be execut ion and ca		res, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	MORHEM	-	ADDEAVISATE INTERVAL
N ST., BA certificate ing physic rbonpape or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly one couse per line or (a) (b) and D BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
In W. PRESTON ST that the death cert is by the attending I base remove colbon collacted on or rer rather traumotice.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		OF MEMBER	WES_
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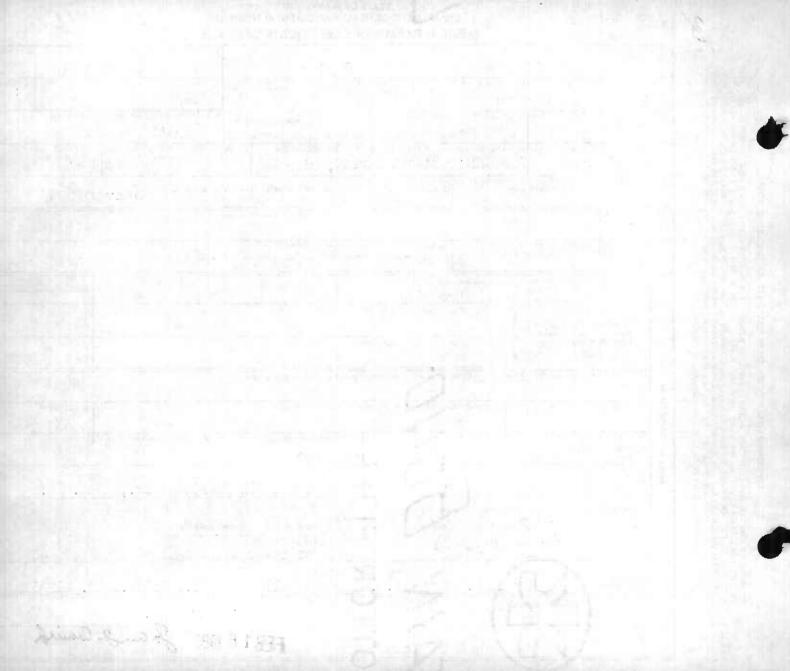
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		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2-33418
60 3 60 3		CEASED NAME FIRST EORPRINTS SWINTEN	BB' mother.	mildre d	REG. N	O. MONTH DAY YEAR 26 HOUR STOP
rector. po	3. SE	m	1. RACE Black	S. DATE OF BIRTH MONTH DAY YEAR OP P P 2	6 AGE (IN YEARS LAST BIR	YRS. MONTHS DAYS HOURS MIN.
deoth.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH MD.
201 irs offer d by the fur filed with	2	Ballo	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours and 2 should be fill	130		VIY 1130 CITY OR TOW	roltares No	13. SIREET ADDRESS 5310 85th	
MARYI ompletel) 14 F.	ather's name Unknown	MIDDLE LAST	15. MOTHER'S MAIDEN NA Mildre	d Swinton	tast
BALTIMORE, cote be execut cote be execut ond compers. Poges 1 vol.		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRE	SS
201 W. PRESTON ST., es that the death certific ned by the attending phyplose remove corbong urial, cremotion, or remover, or other traumatic even.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DBY: DECAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PART I 10
AL RECORD The low requirence. The seen signification in the permit. The seen prior to see so we see the seen prior to see the seen prior to see the seen prior to see the seen seen seen seen seen seen seen se	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. offer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE LITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	19 2H. LOCATION	RED (ENTER NATURE OF INJU CITY OR TO	
ATTENDI ospitol or eCTOR: A d for use t. of Heal		22a. I certify that (i) (this hospit sow the deceosed aftive on abave, (i) (we) (did) (did no	tal) attended the degeosed fram 19		to V/G	ate and hour and from the causes stated
ITAL OUT THE O		226. SIGNATURE	ne Exoter	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
TO HOSP retained I TO FUNE should be with the S	230.	BURIAL, CREMATION, REMOVAL	DATE DATE	NAME OF CEMETERY OR CREMATORY	1734 LOCATION	Ditel
3609 BP		REMATION UNERAL DIRECTOR	18-20-825	Mai Hospite	1 BY OR TOWN +	INOVE MA STATE
0HMH - 16 50M 1/B1 (VRA 15, 4)		NAME	ADDRESS	MA		John & Coheel

MAR 9 1983 James Comish

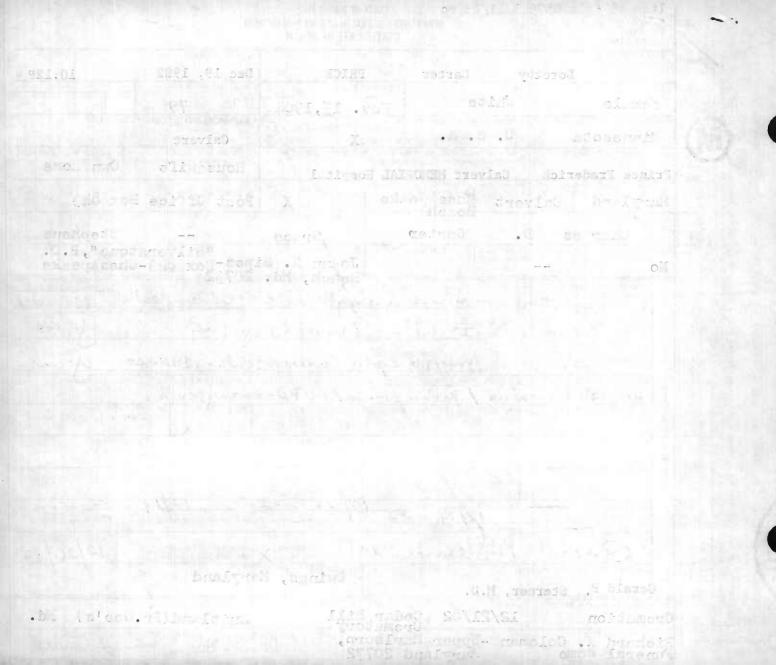
82-33419 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-David Taylor 12/23/82 4. RACE 6 AGE IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH 3. SEX IF UNDER 24 HRS 23:04 DATE LAST BIRTHDAY PRONOUNCED 2/9/8319 Male Black 10 22 60 22 YRS P M WITHIN! 9. BALTIMORE CITY OR COUNTY OF DEATH 3. RETAIN PAGE 5 FOR Y SHOULD BE FILED, WITHIN 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Baltimore City USA DIVORCED MD IS CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION President Street, Pier 7 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS. Hanover Baltimore 13d. INSIDE CITY LIMITS? 13b. COUNTY NO 🗌 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Williams Clifton Taylor Katherine 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 218-76-7170 Barbara Taylor 1220 S. Hanover St. No 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION DEPARTMENT OF HEAD IN PRIOR TO BURIAL, OF 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) THE OF UNDERLYING A OR HOUR A.M. MONTH DAY YEAR subject drowned CONTRIBUTING CAUSE OF DEATH 211. LOCATION 218 PLACE OF INJURY (AT HOME harbor Pier 7, 700 Blk President St., Balto. Md. WHILE AT WORK EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW, PAGE TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 Inquiry 220. I certify that I taak charge of the remains described above, held an and in my apinian Suicide Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 2/10/83 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. MD STATE Baltimore Burial Mt. Auburn Cem. 2/12/83 250. DATE REC'D BY REGISTRAR 26 REGISTRAR'S IGNOTURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND



completely filled in by the fund ald rect. I and 2 should be filled man? I adminer must be rot; Completely filled in by the filled man and a solice filled in the fille	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OF PRINT) 3. SEX Fomalo 70. BIRTHPLACE (S COUNTRY) Minnos 10. CITY OF TOWN Prince Fr USUAL RESIDENCE 130. STATE Marylan M. FATHER'S NAME	Dorot	7b. CITIZEN OF U. S 11. NAME OF (IF NOT IN SU Calv	WHAT COUNTRY A HOSPITAL, NURS CHEACILITY, GIVE STREE	S. DATE COMONTO NOT NOT MARRIEL WIDOWE	15,190	6. AGE IN 78	REG. NO. DF DEATH MONTH L9, 1982 YEARS LAST BIRTHDAY) YRS ORE CITY OR COUN ALVERT		2b. HOUR 10:12P IF UNDER 24 MRS. HOURS MIN.
ompletely filled in by the furnal directors and 22 should be filled v and 22 urs alter the browning in the foot of the committee from th	3. SEX Female 70. BIRTHPLACE (S COUNTRY) MINNOS 10. CITY OR TOWN Prince Fr USUAL RESIDENCE 130. STATE Mary lane 14. FATHER'S NAME FIRST	Dorot	7b. CITIZEN OF U. S 11. NAME OF (IF NOT IN SU Calv	Carter WHAT COUNTRY A HOSPITAL, NURS CHEACILITY, GIVE SIRE	5. DATE C MONTH NOT ? 8. MARRIEI WIDOWE	PRICE OF BIRTH T. 15,1900 NEVER MARRIED	Dec 1 6. AGE IN 78	1982 YEARS LAST BIRTHDAY) YRS PRE CITY OR COUN	IF UNDER TYEAR	LO:12P
ompletely filled in by the furnal directors and 22 should be filled v and 22 urs alter the browning in the foot of the committee from th	Fomale 70. BIRTHPLACE (S MINNES 10. CITY OR TOWN Prince Fr USUAL RESIDENCE 130. STATE Marylane 14. FATHER'S NAME FIRST	TATE OR FOREIGN TO TEA DE DEATH ederick If also coun	7b. CITIZEN OF U. S 11. NAME OF (IF NOT IN SU Calv	WHAT COUNTRY A HOSPITAL, NURS CHFACILITY, GIVE STREE	5. DATE O	7. 15,190	6. AGE IN 78	YEARS LAST BIRTHDAY) 79 YRS ORE CITY OR COUN	MONTHS DAYS	IF UNDER 24 HRS
ompletely filled in by the furnal director, and 2 should be filled young 72 ups after brothing register (60); 6	Fomale 70. BIRTHPLACE (S MINNES 10. CITY OR TOWN Prince Fr USUAL RESIDENCE 130. STATE Marylane 14. FATHER'S NAME FIRST	TATE OR FOREIGN THE OR FOREIGN DE DEATH Ederick IF NURSING HOME OR. 1134 COUN	Whit 7b. CITIZEN OF U. S 11. NAME OF (IF NOT IN SU Calv	WHAT COUNTRY A HOSPITAL, NURS CHEACILITY, GIVE STREE	NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	15,190	78 BALTIMO	79 YRS	MONTHS DAYS	
ompletely filled in by the funda- I and 2 should be filed was a cominer must be dolt to	Minnes 10. CITY OR TOWN Prince Fr USUAL RESIDENCE 130, STATE Marylane 14. FATHER'S NAME FIRST	ota DF DEATH ederick III NURSING HOME OR O 113b. COUN	U. S 11. NAME OF (IF NOT IN SU Calv	HOSPITAL, NURS	WIDOWE		7		TY OF DEATH	
ompletely filled in by the I and 2 should be filed very and the filed of the I and I are the following the followi	Prince Fr USUAL RESIDENCE 130. STATE Maryland 14. FATHER'S NAME FIRST	DE DEATH ederick HE NURSING HOME OR IN 1136. COUN	11. NAME OF (IF NOT IN SU Calv	HOSPITAL, NURS		DIVORCED				
Sominer must be	Maryland 14. FATHER'S NAME	113b. COUN	OTHER INSTITUTION	ert MEMO	T ADDRESS)	or other institution	IZO. USUAL	OCCUPATION RK FOR MOST OF WORKING SOWIE	LIFE) 12b. KIND C	of Business or Home
240	EIRST	- Oat	vert	GIVE RESIDENCE BEFO	RE ADMISSION)	134. INSIDE CITY LIMIT	S? I34 STREET	ADDRESS	Box 84.	3
edicol	Cha	rles :	D.	Carte	•	15. MOTHER'S MAIDEN		WIDDLE	Step	
8 /	NO OR UNKNO	EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	Joann K. Beach, M	Sipes-	"S1TVers Box 843-	tone", Chesap	P.O. eake
ronsit permit. Then please remove. Hygiene prior to buriol, cremotion 18 shows ony injury, or other troum	PART 2. OTHER	RSIGNIFICANT C	ONDITIONS C	Parled Parled Dition for which	DEATH BUT	N WAS PERFORMED	TERMINAL DISEA TERMINAL DISEA	SE OR CONDITION OF SERVER PORTON OF SERV	ES, WERE FINDING CAUSES	
	OR CONTRIBUTION (IF EITHER, NO.) 21d. INJURY COMMILE AT WORK	IG CAUSE OF DEAT	HOUR A P 21e. PLACE (AT HOME, SI	.M. MONTH I	, FARM, ETC)	211. LOCATION STREET 19	CORRED (ENTER N	CITY OR TOWN	COUNTY	STATE that (30 (we) lost
with the State Dept. of He MPORTANT: If them 21 is	sow the abave, (1) 22b. SIGNATU 22d. PHYSICIA	deceased alive on (worldish (did not RE NAME ITYPE OR	P PRINT)	y offer death.	82,00	DEGREE ATTENDIN PHYSICIA 22. ADDRESS OWINGS	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	
	Gerald 230. BURIAL, CREMA Crematic	TION, REMOVAL	23b. DATE 12/2	23e	name of coder	EMETERY OR CREMATO	DRY 23d. LOC	ation tland(Pr	GCOUNTY a	Me 'E



IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

82-33421

								KLO. I				
		CEASED NAME FIRST		B.	-	Jaco		20. DATE OF DEATH	10	DAY YEAR	26. HOUR	5
ł	3. SE>	way	4. RACE	15.		OF BIRTH	112	6. AGE TIN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER .	1 HRS
1		Male	Whit	te	Jul		1902	80	YRS.	MONTHS DAYS	HOURS	MIN.
	7a. Bil	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
1		North Carolina	U.S.		WIDOW	ED DI	VORCED	mon	490	ner	Y	MD.
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	NOITUTION	12a. USUAL OCCUPAT		126. KIND O	BUSINES	SOR
4	1	Jethesda	SU'	purba	NY	Hosp	ital	Govet. I	Rep.	Gen.	Elec	tric
3	13a. S	AL RESIDENCE (IF NURSING HOME OF	JTY	13c. CITY OR TOW	N	134 INSIDE		13e. STREET ADDRESS				
4	_	1. 20815 Mont	gomery	Chevy Cl	nase	YES	NO S MAIDEN NAM		n Dri	ve		
>	14. 17.4	FIRST	MIDDLE	LAST			FIRST	WIDDLE		Howe	1 T	
7	Ióa V	Thomas VAS DECEASED EVER IN U.S. AR	MED FORCES?	JACOCKI	-	17. INFORMA	ITY	ADDI	RESS	nowe	11	
1			E WAR OR DATES)	577-03-30				Jacocks. S	Same as	s item :	13.	
ľ		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (o), (b), one	d (c1.)						IMATE INTERV	AL
1		PART I. DEATH WAS CAUSE	Ď BY: E CAUSE (0)	CAMPLO	RE	ELLMIN	my A	KREST				
1		4310		DAS A CONSEQUE	NCEOE		1 1				1	
		Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	NCEOF	1 we	and,	in tracement	sime	2	41	5
ı		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NICE OF	0.	1 .	1				
1		underlying cause last.	(6)	ACATT W	Les	I care	hall	Grans ps				
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR COM	NDITION GIV	EN IN PART 1	0'	
	CERTIFICATION											
7	CAI	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a. AUTOPSY?		S, WERE FINDING CAUSES		
4	RTIF			200				YES NO		is 🗌	NO 🗆	
4		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME C	FINJURY .M. MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18. F	PART I OR PART 2)		
ı	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINES	P.	м.	19					100		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET		CITY OR T	OWN	COUNTY	51	ATE
١		AT WORK NOT WHILE AT WORK				<u> </u>			/			
1		22a.1 certify that (1) (this hospi			7-2-1	25	. 19		206		that (I) (w	.,
		saw the deceased alive on above, (I) (we) (did) (did no		after death.	, 0		(aur) apinion a	death occurred on the	dote and hou			ted
1		226. SIGNATURE	- ·	5+ L		DEGREE	ATTENDING .	MEDICAL ST	AFF	22c. DATE	SIGNED	60-
4				- Why		·V	PHYSICIAN 1	DIRECTOR PHYS		1-1	2416	
		REPLAND	TORA	Kh	D	55	30 Lm	sumi /	va, C	H.CH.	md.	
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	12/29/	1982 Pa	arkla	wn Memo	CREMATORY Prial Pa	23d. LOCATION CCITY OR TOWN	Rockvi	Llîe Ma	rylan	ď
	24 FL	INERAL DIRECTOR Joseph	Gawler Ave. N	s Sons I		3.	250. DATE	REC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGNAT	- 68	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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08	5 1,02	y.fiit,	oblide	A
	75%		lina U.J.A.	onel diroll
i to4 F . m				30 aV = 7 _
4821 North Drive		epsil yver	Mont overy C	Md. 20815
Torell	Kan	ลฟอ เจกไ		ar off
Jacooks. Same as item 15.	Acrence J.	Land Control of Control	6.5.	0
		Di ren		
THE PARTY OF				
br Tyre'l ellivyoo .me drs	Leimoneil a	resident S	ST/62/21	ועצינים
		ons Inc.	oseph davler's ico. Avo., N	T ₂

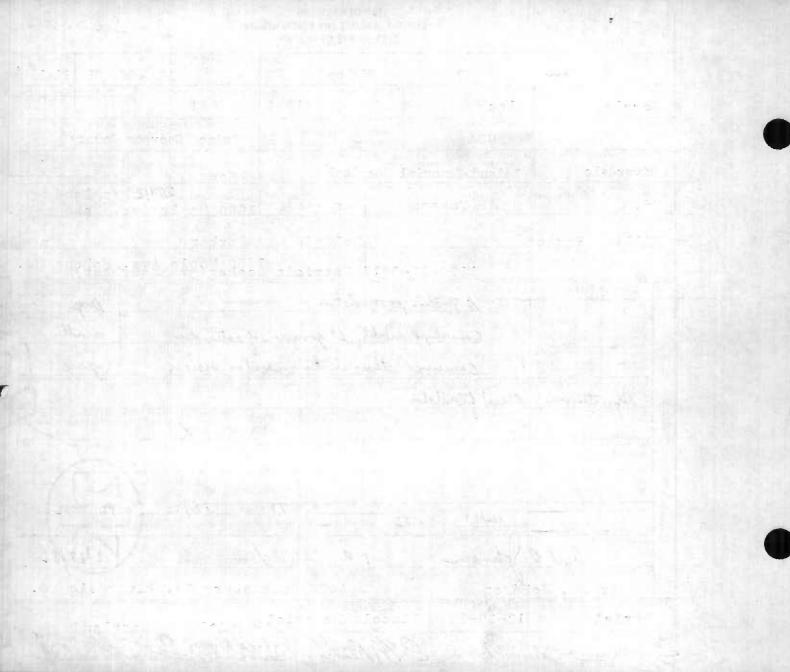
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STATE OF MARYLAND

82-33422

FOR STATE REGISTRAR			DEPARTM	CERTIFIC			IENE	REG. N	0	- 5	39	120		
1. DECEASED NAME	FIRST	MIDDLE		LAST			20. DATE O	F DEATH	MONTH	DAY	YEAR	26 HOUR		
T. T. ORTKINI	Mary	P		Bis	hop		100		12	26	82	11:1		
3 SEX	4.	RACE		5. DATE OF B			6. AGE IN	YEARS LAST B	RTHDAY)		ER 1 YEAR	IF UNDER 2		
Female		Black		W841H	7 DAY	1891		91	YR:	MONTH!	DAYS	HOURS		
Ta BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	7 NEVED	A BOUED	9. BALTIMO	ORE CITY			EATH	1		
PA	100	USA		WIDOWED		ORCED	Pri	nce (eorg	es C	ount	У		
10 CITY OR TOWN OF	DEATH 1	I. NAME OF HOSP	ITAL, NURSING	HOME OR O	THER INST	ITUTION	120 USUAL				126. KIND OF BUSINESS OR			
Riverdale		Leland M	lemoria1	Hospi	tal		NO NO		OF WORKING	G LIFE INDUSTRY				
OSUAL RESIDENCE (#	NURSING HOME OR		CITY OR TOWN		I. INSIDE CI	TV HAAITC2	13e. STREET		2091	7 Ma	rv1s	nd		
Md.	M		akoma			NO []	7.600							
14 FATHER'S NAME		DDIE		15.		MAIDEN NA	ME		16 1	IVE.				
William			LAST	м	elind	irst 1 a	Par	MIDDLE			LAS			
160 WAS DECEASED E	ER IN U.S. ARMI	ED FORCES? 166.	SOCIAL SECUR		INFORMAN	VI.		ADDR						
YES, NO OR UNKNOWN	(IF YES, GIVE V	WAR OR DATES)	70-22-	0912	Patr:	icia I	7600 Booke	Mapl r(gr	anda	re. lugh	Tako	ma l		
18 CAUSE OF DE	ATH (Enter only	one couse per line f	ar (a), (b), ond	(c).)		100						MATE INTERV		
PART I. DEATI	WAS CAUSED	BY:	malin,		retroi						Dort	2		
2500	MINICONTE	DUE TO, OR AS	A CONSTOLISM	ICE OF				7774			-			
Conditions, if	ony, which	(ib) Gen	well !	debelite	Lo as	meren.	d ento	inster	,		min	the		
gove rise ta	gove rise to immediate couse (a), stating the DIJETO OR AS A CONSEQUENCE OF													
										yearo				
The state of the s	IGNIFICANT CO	NDITIONS CONTR	BUTING TO DE	EATH BUT NO						GIVEN IN	PART 11c	1		
190 DATI OF OPE	inami	Atrial Gil	rellation											
S 190 DAT OF OPE	RATION	196. CONDITION	FOR WHICH C	PERATION W	AS PERFOR	MED	200 AUT	OPSY?	20b. IF	YES, WER	E FINDIN	IGS USED		
THE							YES 🗀	NOW	IN CER	YES T	CAUSES	OF DEATH		
		216. TIME OF INJ		21	r HOW INJ	URY OCCURR	ED (ENTERN	P	JRY IN ITEM I		R PART 2)			
OR CONTRIBUTING	_	HOUR A.M.	MONIH DAY	YEAR										
OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC		21e. PLACE OF IN	JURY	211	I. LOCATIO	N								
ANHITE NO	WHILE WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FAR	RM, ETC)	STREET			CITY OR TO	OWN	CC	YINUC	STA		
) attended the dec	eased from			10 77	to	17.1	2.1.	10 6	7	di a stat		
sow the dec	eased alive on	12/25	19 7	2, ond th	nat in (any) (our) opinion o	eath accurre	ed on the c	ate and t	our and	rom the	that de (w		
abave, 411 (w. 22b. SIGNATURE	e) (did) (did acc) v	view the body after	death.	DEG							2c. DATE			
	But D.	Johnson		M	M AT	TENDING HYSICIAN	MEDICAL	STA	FF CIANIFT	1	12/7	7/87		
224 PHYSICIAN'S	NAME (TYPE OR PI	RUNT		22:	e ADDRESS		DIKECTOR	PHYSI	LIAN		10	100		
Byrd	D. Joh	nson		19	4400	Quee	nshur	v Ro	l. R	iver	dal	e Md		
230. BURIAL, CREMATIC		23b. DATE	1 22. 514	AME OF CEME			I23d LOC			7 4 6 1		- 110		
Burial	NY, KEMUVAL	12-30-8		ncoln			CITY	ORTOWN		COUN		STA		
			,,,,,		11Cm		Sui	tlan	d M	lary	land	1		

DHMH - 16 50M 1/B1 (VRA 15, 4)



DHMH - 16 50M 4 (VRA 15, 4)

STATE OF MARYLAND

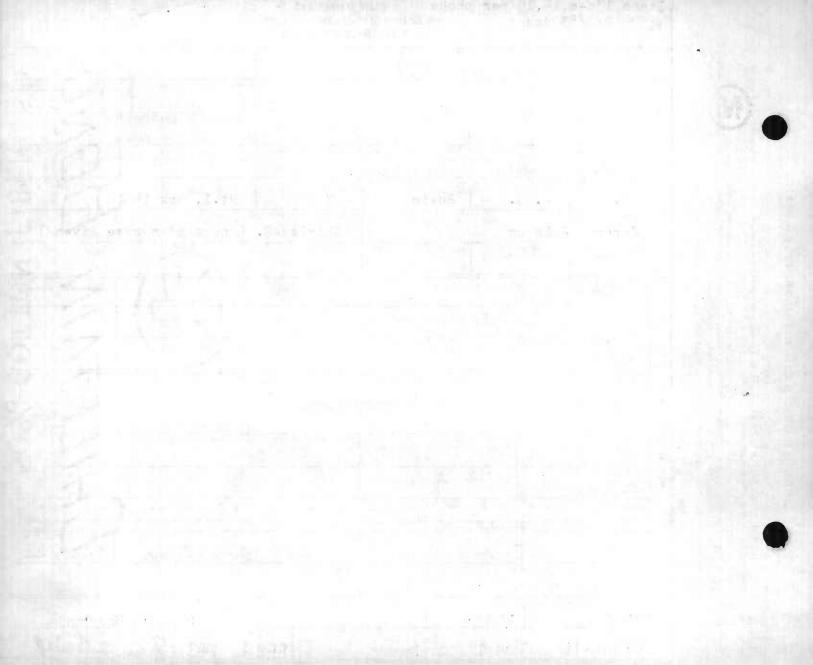
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

82-33423

1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 82 - 33423 REG. NO.				
	ECEASED NAME FIRST HENR	Y FRANCIS	FISTER.	26. DATE OF DEATH MONTH DAY YEAR 25. HOUR				
3. SE		I4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
1.00	male	White	Sept.29,1911	71 YRS MONTHS DAYS HOURS MIN				
	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	? 8 37	9. BALTIMORE CITY OF COUNTY OF DEATH				
V	irginia	U. S. A.	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Prince George's				
	CLINTON	SO. MP. HOSP.	CENTER	TIZE USUAL OCCUPATION (TYPE OF HYORK FOLMOST OF WORKING LIFE) INDUSTRY Auto Mechanic UWN Busin				
130.	irginia Wes	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 113d INSIDE CITY LIMITS?	1316 Lossing Avenue				
74 F.	Samuel	MIDDLE Priste	er Nancy	MIDDLE Adkins				
(WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!		13116 Lossing Avenue cer-Colonial Beach, Va 2211				
CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	mary diser	DEATH BUT NOT RELATED TO THE TERM THE WILLIAM H OPERATION WAS PERFORMED	1 bloods Concinnature & pur 1200 AUTOPSY? 1206. IF YES, WERE PROPERTY.				
TIFIC				YES NO YES NO NO				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE				
	sow the deceased alive a	n	12 2 , 19 82 82 , and that in (my) (our) opinion	depth occurred on the date and hour and from the couses stated				
	22b. SIGNATURE	il ada		MEDICAL STAFF DOIRECTOR PHYSICIAN 12/12/0				
	B. HAKK	ADAM!	MA: 1220. ADDRESS L	OKOn Hill Key, Oxambel				
23a.	BURIAL, CREMATION, REMOVA BUTIAL	12/16/02 F	ort Lincoln Com	COMPANIA LA				
24 K	Tuneral Home	leman -Upper Maryla	Marlboro, nd 20772	TE RECO. BY REGISTRAR 25% BEGISTRAR'S SIGNATURE EC. 2 9 1982				

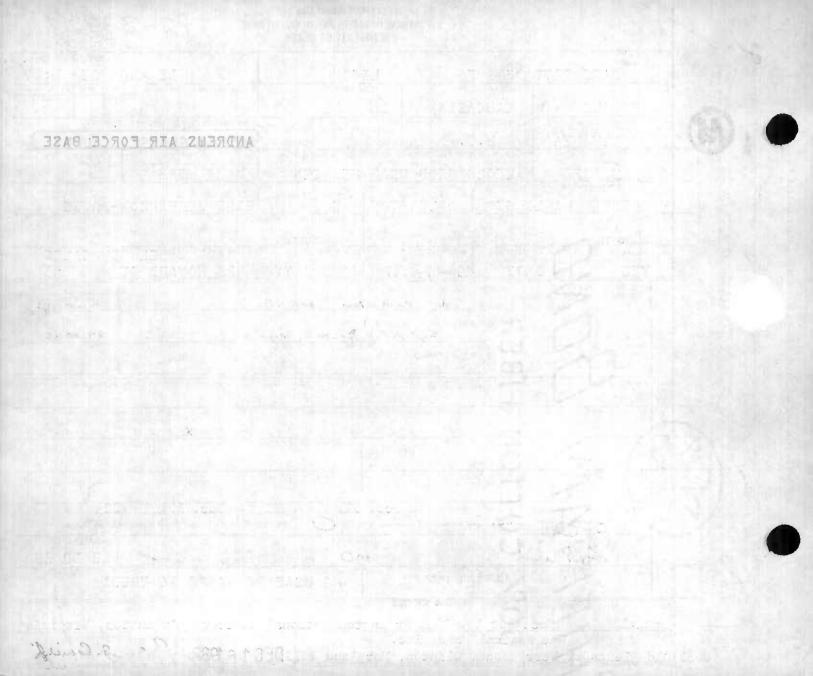
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	1	FOR 2/2/83 dad	DEPARTMENT OF H	EALTH AND MENTAL HYGIE	NE S	-33424
	1.	REGISTRAR	CERTIF	ICATE OF DEATH		
		CEASED NAME FIRST	MIDDLE	AST	REG. NO. 20. DATE OF DEATH MG	ONTH DAY YEAR 26 HOUR
e	(TYP)	OR PRINT)	0.01 8		II. DATE OF DEATH	ZB. HOOK
oge deo	-	Johnson	1 SABY DOV		/	0 15 82 12 7 PM
E .	3 SE	X 4. R	ACE S. DATE C		. AGE (IN YEARS LAST BIRTHD	
		MALE	BlACK 10	14 82	New bork	YRS. DAYS HOURS MIN.
a 200		RTHPLACE (STATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
10 EL 23	n	norvland	USA WIDOWE		Prince Ge	oraces County, MD
ofter dead of the fune ed within	10. C	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O		20. USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 10 74	Ch	everly of	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF W	/ORKING LIFE) INDUSTRY
212	130	AL RESIDENCE (IF NURSING HOME OR OTHE	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			20715
Mo 24 H		Md. P. G	Bowie	13d. INSIDE CITY LIMITS?	Rt.1, Box	14610
RYLA within within d 2 sh	14. F/	THER'S NAME		15. MOTHER'S MAIDEN NAME		
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours. ysicion and completely filled in by opers. Pages 1 and 2 should be fill you. 11, the medical examine (must be must, the medical examine (must be must).		Jerome Johnson	n LAST	Shirley E.	(no maide	en name given)
d co		VAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS	
MORE,	,	(IF TES, GIVE WAR	(SK DATES)			
i, BALTI ii, BALTI physicion popers. novol. rent, the		18. CAUSE OF DEATH (Enter only or	ne couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BAI		PART I. DEATH WAS CAUSED BY		nela		DET WEEN ONSET AND DEATH
N SI		7/ MMEDIATE CA	1002 (0)	+		
TO toth	1 110	160	DUE TO, OR AS A CONSEQUENCE OF			
PRESTI he dep emove motion		Conditions, if ony, which	(b)			
W. PRESTON The death c by the attendin Se remove cort Cemation, or other froumotic		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
			(c)			
RECORDS, 301 low requires th so been signed the ermit. Then pleo e prior to buriol. sony injury, or e	z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)
been a mit. The prior the	CERTIFICATION					
L REC	2	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
The The sicion show	1 5				YES NO	YES NO
ON OF VITAL R IYSICIAN: The I ding physicion. is certificate has buriol-tronsit per Mentol Hygiene rr frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)
SICIP mg p certif uriol-i ventol	13	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
	MEDICAL		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TOWN	
Ke o # o # o sk	2	WHILE NOT WHILE THE AT WORK	(AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SINCET	CITORIOWN	COUNTY STATE
TTENDIN oitol or oitol TOR: Aft for use as of Health		220.1 certify that (I) (this haspital) a	ottended the deceased from	, 19.	, to	
TTEP pirtol for coff H		sow the deceased alive an above, (1) (we) (did) (did nat) vie	19, an	d that in (my) (our) opinion de	oth occurred on the date	and hour and from the causes stated
DIREC DOCKED Poched Popt.		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
Y the Y the Gard Districted Detections of the Detection o		Chung	SMD	ATTENDING	MEDICAL STAFF	M 15/82
	1	22d. PHYSICIAN'S NAME (TYPE ORPRIN		PHYSICIAN 1	DIRECTOR PHYSICIAL	MCX 1/2/13/0
TO HOSPITAL retoined by # TO FUNERAL should be det with the Store		Custle	110			
OF OF STATES	22- 0	UPIAL COSTUCIO	JWain MD		In a contract	
	11	PECIEV)		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	LOUNTY STATE
0000BP		remation	1/21/83 PG Hos	nital	Cheverly,	PG, Maryland -
DHMH - 16 60M 7/73		NERAL DIRECTOR		ISO. DATE IO	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VR A 15 (4))		Ralleigh Cline Ch	everly, Maryland	FEB	1 1983	John of Cahrely



	7		FOR	X	STATE OF MARYLAND	_		011	
0///	1	1	STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	2 - 3	340	25
7			CEASED NAME FIRST	WIDDLE	LAST		MONTH DAT	Y YEAR	2h HOURA
oge 3 death		(14)	MARGARET 1	rΔ F	LIGON		15 10	82	6:07 _M
o po		3. SI		1. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ector			FEMALE	CAUCASIAN	10 10 YEAR	63	YRS.	NIHS DAYS	HOURS MIN
		70.	ARTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY C		FDEATH	
	1/2	PI	AINAVIYZNNIA	U.S.	WIDOWED DIVORCED	PRINCE GE	ORGES	COUN	ITY ME
the f	100	7	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPAT	ION		F BUSINESS OR
by filed	XX		IDREWS AFB	MALCOLM GROW I	JSAF MED CEN	HOUSEWI		INDUSTRI	
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fille	\$ 3			INGTON ARLING	STON YES X NO	2111 JEF	ERSON	-DAVI	21
etely 12 s	mine	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME			
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de co	dicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	MARINA	SDEL R	FY CA	ALTE
Pool	ES			977 200-07-06	347 JOHN SETTE				1291
pers	the state of		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), and			1112 31		MATE INTERVAL
O U U	vent		PARTI. DEATH WAS CAUS	ED BY:	umoniguy ANNEST				
di ,	o tic e		4215					J m	invits
then ve co	5		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		4140.=		24 +	Hans
e e o	r tro		gave rise to immediate cause (a), stating the	10/		40710			10074.3
by t	othe		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
gned b n pleo buriol,	٧, ٥٠		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAI DISEASE OR CON	DITION GIVEN	INI DADT L	
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rmit.	ony	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	70a. AUTOPSY?	20b. IF YES, W	VERE FINDIN	GS USED
hos if per	2	E				YES NOS	IN CERTIFYIN		NO [
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s the	norked	Z	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC STREET	CITY OR TO	MN	COUNTY	STATE
se o	E			nital) attended the deceased from	Oct. 31. 10 82	bec. I). 10	82	that (1) (we) last
Or un	2 1 is	-			32, and that in (my) (aur) apinian				not (I) (we) lost
DIREC Sched f Dept. o	E	-	27b. SIGNATURE	ot) view the body ofter death.	DEGREE			27c. DATE S	
tock e De	*		11 MM/1		ATTENDING	MEDICAL STAF			
ERA Stot	Ž-		22d. PHYSICIAN'S NAME TYPE	OR PRINTI	PHYSICIAN [DIRECTOR PHYSIC	IANO	175 7	ro 95
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TO FUNERAL (should be deta with the State [X -	20		9419 95 1 FLEX MC					
			SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
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7		05/	REGISTRAR	FIRST		MIDDLE		AST	REG. I			
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nay be, page 3, r death				FEMAL				PHENS	27,000	10 08		10 A _M
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by filled	4		HEVERLY					L HOSPITAL	N/A		N/A	
212 4 hou ded in	51		LATE	13b, COU	VIY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
AND n 24	9		KILAND	PGC		SEAT PLEA	ASANT	YES 💢 NO 🗌	1104 CYPR	ESS TRE	E DRIV	E
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completed with a state of the s	0		KENDRI	CK		STEPHEN	1S	GWENDOL	YN M			
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IALTIMORE, MARYLAND 2120 ate be executed within 24 hours sicion and completely filled in b prers. Pages 1 and 2 should be fil foil. i, the medical exeminermust be new		- 1	N/A	N/	Α	N/A		1104 CYPRES	S TREE DRI'	VE SEAT	PLEAS	ANT
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the remover the			gove rise to imme couse (a), stating		DUE TO C	OR AS A CONSEQUE	ENCE OF				1479	
on who			underlying cause	last.	(c)							
aned n ple burio			PART 2. OTHER SIGN	FICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1(0)
DIVISION OF VITAL RECORDS, 301 OG PHYSICIAN. The law requires the outending physician. Her this certificate has been signed to sthe buriol-transit permit. Then plean than Amental Hygiene prior to buriol, arked or them 18 shows on injury, or or street or them 18 shows on injury, or or		CERTIFICATION	m	1812	on the	emolikia	re					
L RECO	9	CAT	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	GS USED
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VIT. T. hysici icote ronsi Hygi IB sh	4	CE	21a. ACCIDENT WAS UNDE	- Louis			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PAP	RT 1 OR PART 2)	
N OF VII SICIAN: ng physic certificat uriol-fran tental Hy	1	CAL	OR CONTRIBUTING CA			.M.	19					
HYS ndin his c		MEDICAL	21d. INJURY OCCURRE			OF INJURY	TARM STC I	21f. LOCATION	CITY OR TO	OWN	COUNTY	STATE
DING P or offer the os the olth one		2	AT WORK AT WOR		(ATTIOME, ST	TREET, FACTORI, OFFICE.)	ARM, ETC.		CIT ON TO	,		SINIC
A See of the see of th			22s.1 certify that (1)	his hospi	tal) attended t	he deceased from_	82	10 7 19 92	, to	10/1	9 8 2, 1	hot (I) (we) lost
A ATTEN hospital RECTOR red for u ppt. of He em 21 is			sow the deceased above, (I) (we) (di	d plive on	t) viewathe body	19_	0 L, or	nd that in (my) (our) opinion a	death occurred on the	date and hour	and from the c	ouses stated
OR A OR A DIRECTOR DI			226. SIGNATURE	,	11.		- 1	DEGREE			27c. DATE S	
75 75 0 -	6.		人力		- / · W	/-		MD ATTENDING T	MEDICAL STA	AFF ICIAN 🗆	10/1/	82
HOSPITAL ned by th FUNERAL JIA be det the State ORTANT:	7		224. PHYSICIAN'S NA		R PRINT)	\rightarrow		22e ADDRESS			0 4	HEVERLY.
O HOSPITAL TO FUNERAL Should be de with the Stott			7.020	Un				PRINCE GED	way trail	CH N	V,	mi
		23 o . B	URIAL, CREMATION, R	EMOVAL	23b. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	123d, LOCATION			
3001 BP			remation		1/21/8		G Hos		Cheverly		YTAUO.	STATE
DHMH - 16 60M 7/73		24. FU	NERAL DIRECTOR					25 g	REG'D. BY REGISTRAL		Mary Jan AR'S SIGNATI	JRE •
(VR A 15 (4))			Rateigh Cl	ine,	Chever	ly, Maryl	and 2	20785 FE	3 1 1983	John	age la	well

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1		FOR	MS 18,21	B-F,ZZ PEF			AARYLANDG96 I AND MENTAL		C2-3	33427
10,		- STATE REGISTRAR		MED		INER'S	CERTIFICATE	KE	EG. NO.	
	p. Personal market	1. DECEASED NAME (TYPE OR PRINT)	,		MIDDLE		LAST	20. DATE KNOV OF EST	F =	
	EASE TOR. ILES. DURS REET,	3. SEX	STEFAI 4. RACE	S. DATE OF BIRTH	S.		TSON ODER 1 YR. TIF UNDE	DEATH MATE	ED XJ 7	22 19 82 A
	S S S			7 3	YEAR LAST BI	RTHDAY) MONT		MIN. PRONOUNCED DEAD	0	3:04
2	(MI)	Female 7 BIRTHPLACE (S)	White	76. CITIZEN OF WH		7 YRS.	IED NEVER MAR	- 9 BALTIMORE O	CITY OR COUN	TY OF DEATH
6	S S S S S S S S S S S S S S S S S S S	Pennsyl	vania	U.S.A.		WIDOV			e George	's County MD
	PAGE 5 BE FILED, V	II. CITY OR TOWN		11. NAME OF HOSE	ITAL, NURSING HO		ER INSTITUTION	128. USUAL OCCUPATION FOR MOST OF WORKING LIFE	N (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	PE PE P	Laurel		bushes -	13101 La	rchdale	Rd.	Dental Assi		
21201	AND 3 TO RETAIN PER PECONDS	Maryland	13b. COUN	or other institution, giv ity ce George 1	13c. CITY OR TOW Laure	/N	13d. INSIDE CITY LIMITS? YES NO		eet	20707
MD.	S 1, 2, 2 PM 3. VD 2 SH	M. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST
ORE,	CONTA PER	LLOYD	SEVED INTO A D	G.	Wilber	†	Margare 17. INFORMANT	t M.	DRESS	Mabius
BALTIMORE,	FORM GES 1 A	(YES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	184-48-3			xaminers Offi		Penn St
	OURS AFTER DEATH 18. GIVE PAGES 1 3. WITH FORM PM AIT. PAGES 1 AND E, DIVISION OF THE	18. CAUSE O	F DEATH (Enter on	ly one couse per line t	1,0		picarcae L	Admirici 5 of the	00, 111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON	N 24 N ALO NOV.	1777	7	DUE TO, OR	AS A CONSEQUEN	ICE OF				
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201 W.	EXECUTED WITHIN 24 H NG" IN PENCIL IN ITEM ICAL EXAMINER ALONG TA BURIAL - TRANSIT PER H AND MENTAL HYGIEN WATION, OR REMOVAL.	lying cou		DUE TO, OR	AS A CONSEQUEN	ICE OF				
DS,	JARES THIS CERTIFICATE SHOULD BE EXECUTED CATE, WRITING THE WORD "PENDING" IN PROPER EXAPORTAGE AND THE CHIEF MEDICAL EXAPORTAGE SHOULD BE USED AS A BURIAL-HE STATE DEPARTAMENT OF HEALTH AND MEAND, STOOT PRIQRE TO BURIAL, CREMATION, STOOT PRIQRE TO BURIAL, CREMATION, STOOT PRIGRES TO BURIAL STOOT PRIGRES	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (a).		
DIVISION OF VITAL RECORDS,	AS A ALTH	NO .								
A R	SED SED	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH C	PERATION W	AS PERFORMED?	•		20. AUTOPSY?
ZIV.	S S S S S S S S S S S S S S S S S S S	210 EXTERNA	L CAUSE WAS	21b. TIME OF	INILIRY	71c H	OW IN ILIPY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	YES NO X
ō	STATE OF THE STATE					EAR	biect ass			
VISIO	ERTIF TING ED TO 3 SHO PRICE	21d. INJURY C	CCURRED	21e PLACE O	FINJURY (AT HOM	E. 211. LC	CATION	CITY OR TOWN		DUNTY STATE
5	WRIT WRIT WARD AGE AGE	WHILE AT WORK	NOT WHILE AT WORK	Wood L	ine near	una: fd.		chdale Rd. L		
	ATE, T ORW ORW HE ST VD, 2	22a. I certi	y that I took charg	ge of the remains desc	,	on Autop	sy , Inspect	ion X, Inquiry .	ond in my o	pinion
	THICK FEET OF THE	death result	ed from Natur	rol causes .	Accident ,	Suicide	, Homicide X	Undetermined monner	X .	
	WAR WAR	ACTUAL	MA	SIN	7		TITLE (SPECIFY)	1 MEDICAL EXAMINER	DATE	9-4-82
	SE STAN	SIGNATURE	////	1	0		I.D. 113313141	MEDICAL EXAMINER	SIGNI	ED 7 7 02
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	EXAMINER'S (TYPE OR PRI	MAME V Ann	M. Dixon	M.D.		ADDRESS111	Penn St., Ba	lto., M	d. 21201
	574548 _	230. BURIAL, CREMA (SPECIFY)	TION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY	R CREMATORY	23d. LOCATION CITY OR TOWN	COU	INTY STATE
5201	BP	24. FUNERAL DIREC	TOR			-	75g, DAT	REC'D. BY REGISTRAR [256	REGISTRAR'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	NAME		Examiner's	Office		FF		van 2	Course .
	20M 4/82		uzouz		, -11100			1000 M		

3/63/11/63

Rose:

This is a death certificate on a skull that had been found back in pt. The skull is still at our place so the morgue keeper never sent the death certificate up to the health dept. I finally received all the information needed to fill out the remainder of the death certificate so I am now sending the certificate to you.

Diane

	100
ite	Time
WHILE YO	OU WERE OUT
of	.4
none	
Telephoned	Please Call
Called To See You	Will Call Again
Wants To See You	Rush
Message	
3	
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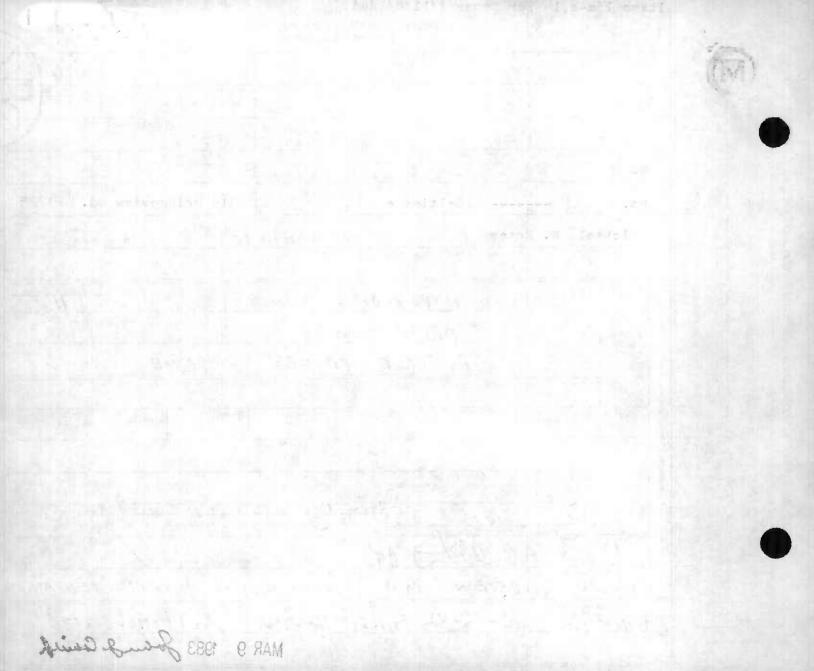
STATE OF MARYLAND 82-33428 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR ITYPE OR PRINTI SEX IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH DAY YEAR QAY5 HOURS MAID Te. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | COUNTRY mry WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY dlishuru USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21801 13e STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS YES M 100HICC Odlisburg NO [IN FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST LAST 20 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES Pages APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH If CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 12 hns Cere murascular IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF erioscleriosis enena lized and Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF NO F YES [00 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 20 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 16-1 that (1) (we) last 220 I certify that (I) (this haspital attended the deceased from. saw the deceased alive an abave (I) (we) (did) (did not) liew the bady after death 2 and that (n (my) (ayr) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF State 1 PHYSICIAN DIRECTOR | PHYSICIAN FUNER 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d be ORT £ 9 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN STATE COUNTY 82 IO PARSONS CEMETERY ALISBURY 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR WILSON FUNERAL HOME DHMH-16 25M ADDRESS (VRA 15, 4) 1/79 SALISBURY. MD.

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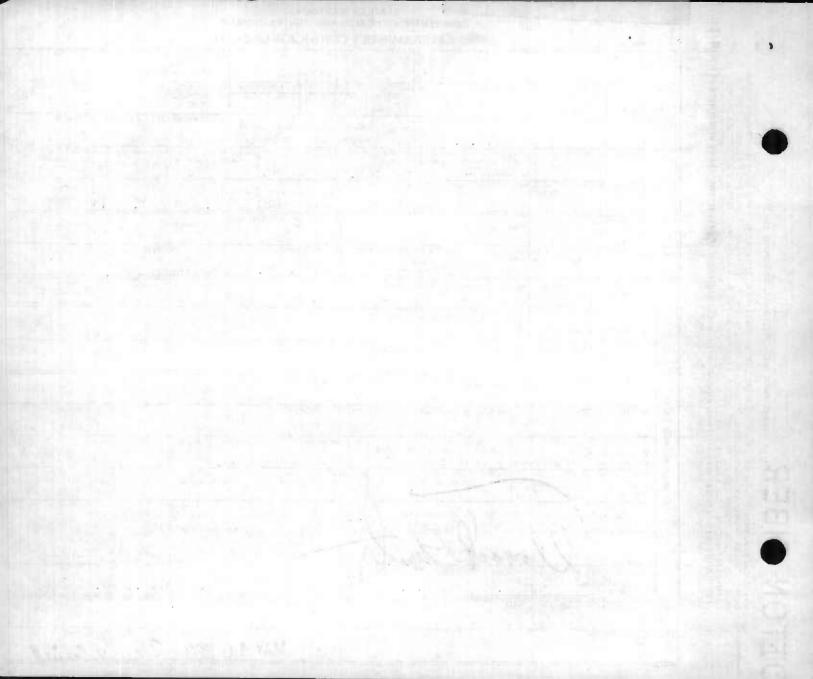
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARZ BEBS & Carick

STATE OF MARYLAND 82-334 DEPARTMENT OF HEALTH AND MENTAL HYGIFNE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 26. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-12-13 82 M. Thelma Tippett 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONQUNCED DOA 1923 59 RS March 1/1 white 12 - 13 - 8276. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland Prince Georges U. S. A. WIDOWED [DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Own Home Housewife Clinton Southern Maryland Hospital WITH FORM PM 3. RETAIN P.
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ED AS A BURIAL-TRANSIT PERMIT.
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HEALTH AND OR REMOVAL. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL -TOF HEALTH AND MEN URIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [] NON 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WO STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide Hamicide death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) 12-13-82 DATE Deputy MEDICAL EXAMINER SIGNED EXAMINER'S NAME guez. M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Augusto . Rodr 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 236, DATE Clinton Burial 12/17/82 Resurrection Cem. (Pr.Geo's) Hichard arlboro, 250. DATE REC'D. BY REGISTRAR ASI. REGISTRAR'S SIGNATURE Coleman Upper Home **DHMH-17** (VR A15 ME (5)) Funeral 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED X UNKNOWN #82-108 19 3 SEX 4 RACE 5. DATE OF BIRTH A AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY YEAR 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 2, ANY DELAY IS NECESSARY 2, AND 3 TO THE FUNERAL DIREC 3. RETAIN PAGE 5 FOR YOUR 2 SHOULD BE FILED, WITHIN 72 H White DEAD Female 19 82 7D M 7b. CITIZEN OF WHAT COUNTRY? 78. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Frederick County 3 120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Woods - Fork Rd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 13b. COUNTY 13c CITY OR TOWN 1134. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 🗌 NO [HOURS AFTER DEATH. IF EM 18. GIVE PAGES 1, 2, NIG WITH FORM PM 3. ERMIT. PAGES I-AND 2 SI IENE, DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL ALONG WI SIT PERMIT. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMI' HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Undetermined IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). ANER: THIS CERTIFICATE OF PENI JFICATE, WRITING THE WORD "PENI SE FORWARDED TO THE CHIEF ME SET OF A SET OF THE STATE OF HEAL H THE STATE DEPARTMENT OF HEAL 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HIJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. COCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 2 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Chiefolcal EXAMINER Deputy SIGNATURE EXAMINER'S NAME Thomas D. Smith. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OR TOWN BP 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS M.E. Office (VR A15 ME (5) 20M 4/B2













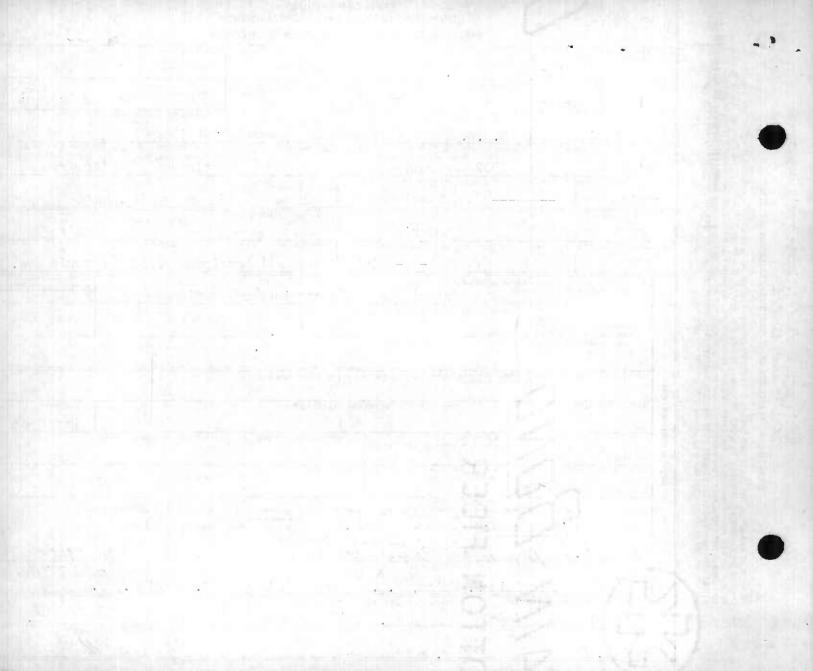








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12.0	Z ? 5 2	ID CI	TY OR TOWN	rida	U.S.A.		SING HOME	WIDOWE		DIVORC		Baltir WAL OCCUPA			MD.		
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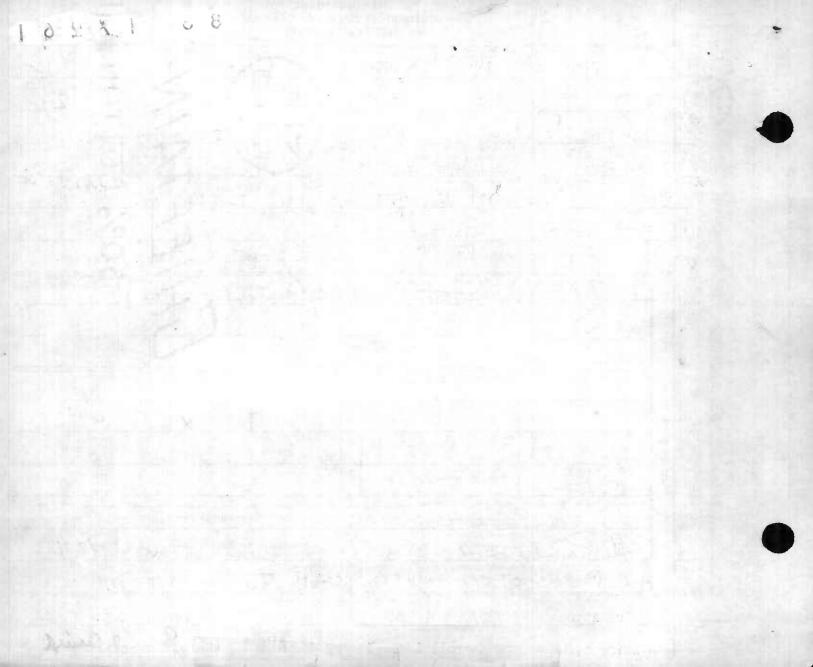
24 FUNERAL DIRECTOR

H Shiroma, PhD

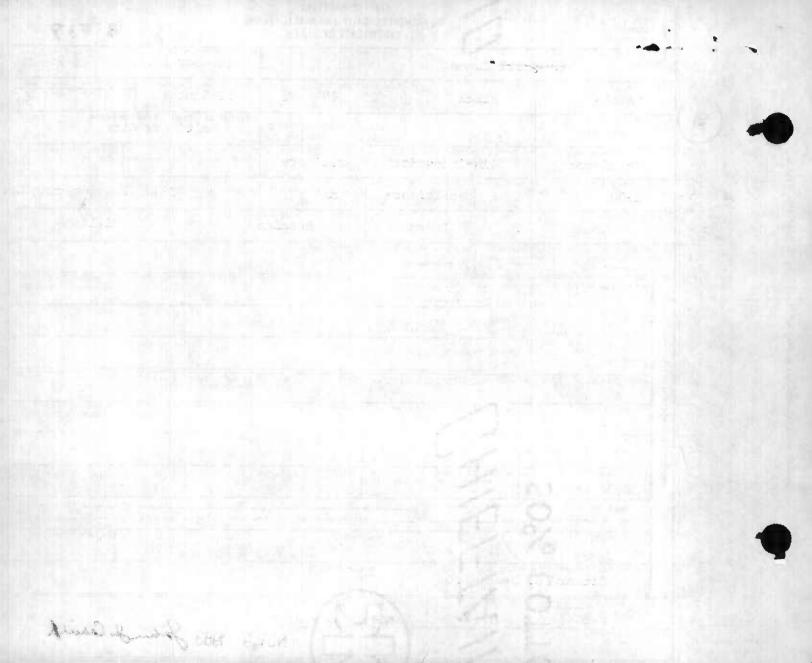
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST (TYPE OR PRINT) Floretta Joy Wilkins April 29, 1982 1:15am 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FUNDER 24 HRS 28, 1982 female black April newborn BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [Takoma Park. Mont 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist COUNTY 13e. STREET ADDRESS P.G. md Hvattsville 7300 18th Ave. #208 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wilkins Floyd Gregory Bishop Joyce Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WAH 7600 Carroll AVe, Takoma Park, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION TAkoma Park, Cremation 4/30/82 WAH Mont.

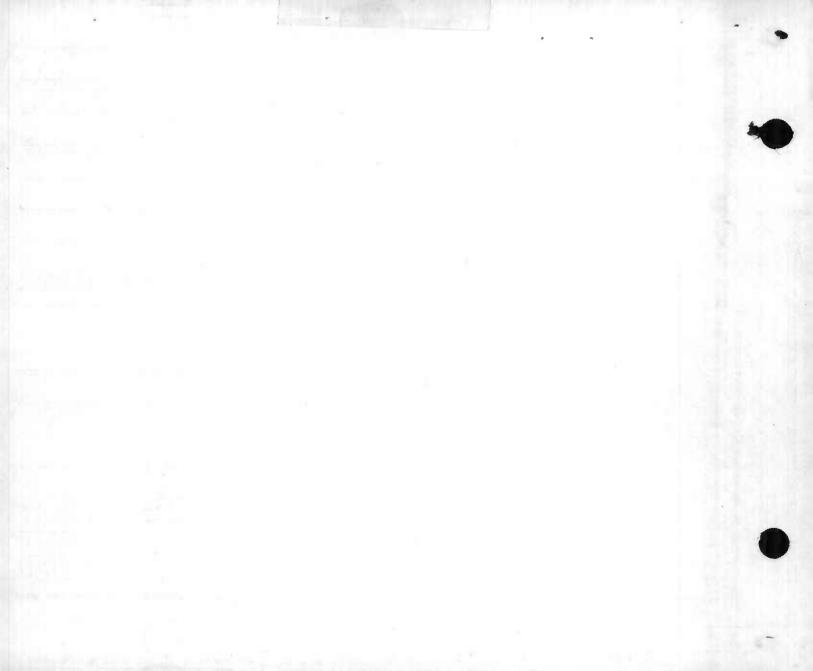
7600 CArroll Ave., TK Pk, Md.

DHMH-16 50M 1/81 (VRA 15, 4)



	1	REGISTRAR	THE REAL PROPERTY.	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2-33438 H DAY YEAR 26 HOUF					
ode of the ode		Chahara Paby	girl Inman	December 19,1982 7:40pm							
	3. SE)	Female	black	5. DATE OF BIRTH MONTH 49 82		IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS.	MIN. 50				
3 53	7a. Bl	RTHPLACE (STATE OR FOREIGN	L SA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		unty of death e City	MD.				
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must be	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OR) TATE MD 136/COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ore 13d. Insude City Limits?	13e. STREET ADDRESS 293	O W. Coldsprin	g La				
and 2 sh	14. FA	THER'S NAME FIRST LONNIE	Gene Imman	15. MOTHER'S MAIDEN N		Williams					
Poges 1		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS						
it. Then please remove carbo iar to burial, cremation, ar re y injury, ar other traumatic e	NOIL	Conditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) OND ITIONS CONTRIBUTING TO	afare laser		N GIVEN IN PART Ito					
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pt. of Healthan em 21 is marked	2	WHIE NOT WHIE 2 AT WORK 170-I certify that (I) (this hospit saw the deceased alive on obove, (I) (we) (did) (did not 27b. SIGNATURE	al) attended the deceased from 19 view the body after death.	, 19	, to	22c. DATE SIGNED					
should be detached for with the State Dept. of IMPORTANT: If hem?		224 PHYSICIAN'S NAME (TYPE O Richard J	. Bass, M.D.	Real Property of the Control of the							



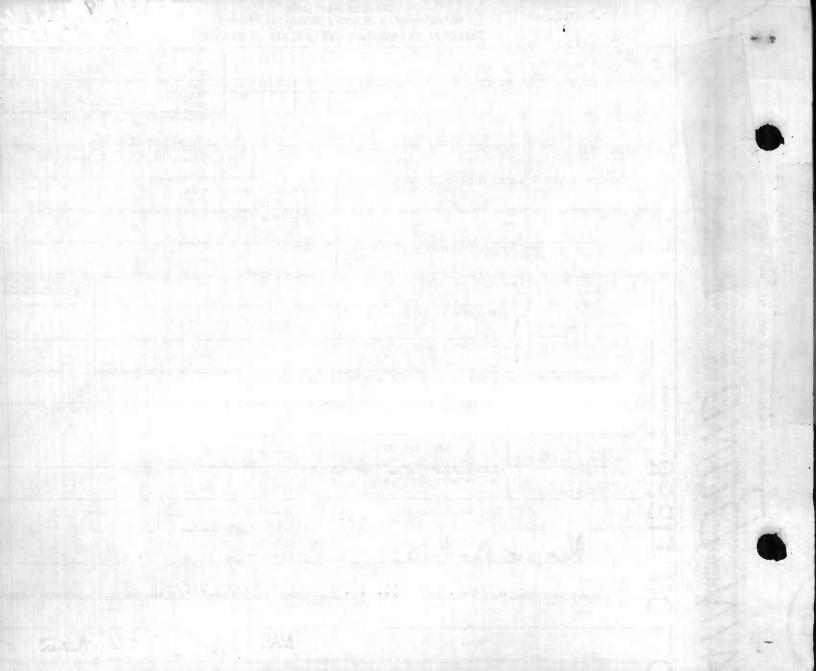


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH I. DECEASED NAME Ze. DATE OF DEATH ITIPE CAPPING Vincent Leroy Garlitz August 31, 1982 poge er deat 1. SEX 1 RACE S. DATE OF BIRTH A. AGE IN ISAAS LAST BUTHOAT F PHERRIPA *UNC! A 74 -05 Male White November '11, '1919 VC 1-1 34-1 62 IL BRIMPLACE : STATE STICKES TO CITIZEN OF WHAT COUNTRY? . BALTIMORE CITY OR COUNTY OF DEATH MARRIED EXNEVER MARRIED Montgomery County MARVIAND WIDOWED DNORCED T 11. NAME OF HOSPITAL MURSING HOME OF CITYER INSTITUTION
(# NOT IN SUCH FACILITY, GIM STREET MODELS)

NITH IB CITY CR TOWN OF DEATH 174. USUAL OCCUPATION 12L KIND OF BUSINESS OR Bethesda I TIPE OF WORK FOR WOLL OF WORKING LINE INDUSTRY Clinical Center, Bethesda, ASST MANAGER USUAL RESIDENCE (PINUS NO POME COMPRESSIBILIDADE ON PISONAL MICH ADMITECTAL ISSUED ON THE POST OF THE FOOD MARKET Cumber land IJe. STREET ADDRESS Maryland ATT ECASTY 762 Fayette St. 21502 YES TA 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME ~-00u LASE M-0014 HARVEY GARLITZ. Η. EIJ.A DRAKE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ISS SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1.45 -0 04 L-4-GM-4 IF IS GOT WAS CREATEST 217-18-4777 YES Mrs. Nancy Garlitz, wife, same as patient NAVY 18. CAUSE OF DEATH Enter only and cause per line for ratiob, and co. MINDERS STANDERS PART I DEATH WAS CAUSED BY Intracerebral hemorrhage secondary to POLLS MYAEDIATE CAUSE IN metastasis OUE TO CRAS ACONSCIUENCE OF metastatic melancma 2 years Conditions, if any, which dave rise to immediate cours a stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a a CERTIFICATION DIVISION OF VITAL RECORDS. -0 IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED P. 20a. AULOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? d YES M **70** NO [TIL ACCIDENT WAS UNCEPTING THE TIME OF INJURY TIC HOW INJURY OCCURRED (ENTERNATING OF WHAT WHEN IS PART CREATED OR CONTRAUTING [] CAUSE OF CEATH HOUR A.M. MONTH DAY YEAR I PETITAL MOTHER MESICAL EXAMINER PM 214 INJURY OCCURRED 21 & PLACE OF INJURY III LOCATION INT -CHE SINET FACTORY OFFICE THREE STC I CITY OF TOWN 461 mant [STATE 274.1 certify that & Ithis haspital_attended the deceased from August 23 AUGUST August 82 obove "Hower idid in want new the body giver death and that in info-jours opinion death accurred on the date and hour and from the course stated to 176 SIGNATURE DEGREE TIL DATE SIGNED MEDICAL 31/22 PHYSICIAN DIRECTOR PHYSICIAN TO Tie ADDRESS National Institutes of Mealth -10 BEHRENS M.D. Clinical Center, Bethesda, Md. 234 BURIAL CREMATION, REMOVAL ZIL DATE I'M NAME OF CEMETERY OR CREMATORY 214 LOCATION BURIAL HILLCREST BURIAL PARK CUMBERLAND ALLEGANT FASYLAND 9-3-1982 24 FUNERAL DIPECTOR 230 BALTLEUGE AVE 234 DATE REC D. BY REGISTRAR LIN REGISTRAR S SIGNATURE **DHMH - 16 50M 1/8** LEASURE STEIN FU NEAL HO E, INCICHIBERLAND, 12150 EP



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	IF ANY DELAY IS NECESSARY, PLEASE 3, RAND 3 TO THE FUNERAL DIRECTOR. 3, RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W. PRESTON STREET,	3 SEX	emale	Unkno RACE	9	82-117 5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST SIRTHDA YR	Y) MONTE		IF UNDER		21. DATE PRONOUNCED DEAD	MONTH	19 DAY YEA 6-82 19	2d. HOUR 10:25F
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	2, AND 3 TO THE FUN 3. RETAIN PAGE 5 FO 5. SHOULD BE FILED, WI AL RECORDS, 201 W. PA	WIDOWED U DIVORCED Worcester Cour JO. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Assateague National Park										12b. KIND OF BUSINESS OR INDUSTRY				
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25/ RE, MD	SEATH. IF	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE											CAST	EAST		
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DRDS, 201 W. PRESTON ST.	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 7, 14. MET MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 STOF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RIAL, CREMATION, OR REMOVAL.	Z	Candition gove rise couse (a): lying caus	s, n any, ve to imme stoting the use last.	AUSED AEDIAT which ediate under-	DUE TO, O	Undet RASACO RASACO	ermined NSEQUENCE C)F	E DR CONDITION	N GIVEN IN PA	RT 1 (a).			BETWEEN ON	SET AND DEATH.
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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A FOUND BE FORWARDED TO THE CHIEF A FORE 3 SHOULD BE USED AFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF THE STATE DEPARTMENT, OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT.		AT WORK	y that I taak d from:	chorge	e of the remains d	Accident	, Sui	Autop	, Homic		Undet	Inquiry	and in my o	9-6-8	32
	BP	(5	JRIAL, CREMAT		VAL 23	b DATE	23ε.	NAME OF CEA	NETERY O	R CREMATO		CITY	CATION OR TOWN			STATE
1 -	DHMH - 17 (VR A15 ME (5)) 20M 4/82	14. 11	NAME			ADDRE	55			4	MAR	24	1987	ha Dende	m. Rudae	



11-	STATE REGISTRAR		11/9/MEI							REC	G. NO 00	2-3	3344	2
7.770	CEASED NAME E OR PRINT)	Linda		WIDDLE		ı	Hunter		2a. [OF ESTI- DEATH MATED 10			t ordered 4	
3. SED 7a B P P P P P P P P P P P P P P P P P P	male	4. RACE Black	5. DATE OF BIRTH MONTH DAY 2/11/59	YEAR	LAST BIRTHDAY	MONTH	DER 1 YR. IF L			DATE NOUNCED DEAD	MON	ITH D	YEAR	2d. HOUR
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S	outh Ca	rolina	U.S.	Α.		WIDOWI	_	NORCED		Baltim	ore C	ity		MD.
	TY OR TOWN		11. NAME OF HOS	LILITY GIVES	TREET ADDRESS)				2a. USUAL (OCCUPATION OF WORKING LIFE	TYPE OF WO	ORK 12b.	OR INDUSTE	ISINESS RY
	altimor		Court (CE16990	02	Un	employ	ed			
13a. S	TATE MARYLAN	113b. COUNT	Y	13c. CITY	or town 1 timore		13d. INSIDE CITY LI Yes 💢 🕟	IMITS? 13	Se STREET A	ADDRESS Frem	ont A	venu	ie	
14. F	ATHER'S NAME FIRST		WIDDLE		LAST		15. MOTHER'S FIRST	MAIDEN	NAME	MIDDLE			LAST	
14.	Jessi		IFD FOR COOK		Hunter	NIC	Dora 17. INFORMAN			4.64 = 166	DE4 6-		Young	3
160. \ (Y	ES, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)							1915 %				
	No IB CAUSEO		y one cause per line		-74-466	6	Dora F	lunte	r	<u>Baltim</u>	ore,	MD	21223	- Interpretation
	Condition gove ris couse (a) lying cou	ns, if ony, which the to immediate stating the <u>under</u> se last.	(b) DUE TO, OR	AS A CON	ISEQUENCE O	F								
CERTIFICATION	PART 2 OTHER SIG		CONTRIBUTING TO OFATH I				OR CONDITION GIVE		l fai.			12	0 AUTOPSY	,
FFC			176. CONTRA	10111011	WHICH OF EXP						1"	YES	NO X	
	UNDERLYING CONTRIBUTION	NG CAUSE OF D	DEATH P.M	MONTH	DAY YEAR		W INJURY OC	CURRED	ENTER NATU	E OF INJURY IN IT	EM 18 PART 1 C	OR PART 2)	7,20	NO LA
MEDICAL	21d. INJURY C WHILE AT WORK		21e PLACE C STREET FACT				TATION		CIT	Y OR TOWN		COUNTY		STATE
	death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	NAME VI)	John E. Sr	Accident	k, M.D.		Homicide TITLE (SPEC D. Chief ADDRESS 11	E E L1 Pe	Undetermin _MEDICAL	examiner	Cor	dge urt ATE GNED_	J.H.H. order 11/3/9	
23e.B	URIAL, CREMAT	TION, REMOVAL 2	3b DATE	23c. f	NAME OF CEM	ETERY OF	CREMATORY		23d. LOCAT	ION		COUNTY	SŦ	ATE
24 F	UNERAL DIREC	TOR	ADDRESS				NO NO	V 8	93 REC	SISTRAR 25b	REGISTRA	R'S SIGN	NATURE MINU	ice

STATE OF MARYLAND

